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The Medical brief

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by the use of the obstetrical forceps, but would not make the same assertion concerning the use of ergot. I do not know that the result would have been different in the second case had you applied the forceps instead of the ergot, because a child is still-born at times without any assignable cause.

Your questions are very proper ones, for it is the duty of practitioners of medicine, surgery and obstetrics to practice their art upon the very best, safest and most natural and approved principles, and the greatest pity is, that even amidst all study and thinking, it requires the greater part of a man's life time to arrive near the borders of perfection.

FRANK R. BRUNNER, M. D.
Bechtelsville, Pa.

[For the Brief.]

Ergot in Second Stage of Labor.

EDITOR MEDICAL BRIEF: — Doctor Taylor, in January number of the MEDICAL BRIEF, asks for opinion in regard to his case. I must say the doctor has no high authority for administering ergot under such circumstances. We should never administer ergot in second stage of labor, unless it appears necessary as a prophylactic against *post partum* hemorrhage, and even under these alarming circumstances it is not good practice if we have the slightest mechanical obstacle to delivery, or, if the fœtus be high up in the canal. Now, as to the doctor's hour-glass contraction, I am inclined to believe it was due to the abuse of ergot. We know we have two prolific sources of hour-glass contractions, viz.: first—the abuse of ergot, second—the extreme retraction, due to abnormal adherence of placenta, which so often imprisons the same, but Dr. Taylor fails to mention this source, hence we are willing to take it for granted that abnormal adherence did not exist.

As to his mode of dealing with the hemorrhage, or third stage, I can criticise but one move, and that was his making traction on cord, which is not supported or taught by any good accoucheur of this decade. Now, as to second case, Dr. Taylor made the same grave error as in first. I should have used Crede's or Bidder's method.

Dr. Taylor must recollect that tonic retraction is due to ergotic influence, and this so frequently jeopardizes the fœtus. I know of but one time to use ergot and use it judiciously, and that is immediately after the child is born, or in other words, at end of second stage; then it acts as a prophylactic against hemorrhage and assists in completing the third stage of labor, but, even now, it is not often necessary or useful if Crede's method has been used. Understand, now, that we let nature do all she can, and use nobody's method. But be very careful how you use ergot in second stage of labor. Read Lusk, Shrœder, Spiegelberg, and you have the subject well and ably discussed.

Carleton, Neb. H. C. MANARY, M. D.

[For the Brief.]

Pulmonary Consumption Among the Negroes.

EDITOR MEDICAL BRIEF:—Dr. John H. Furman, of Sumter, S. C., in the December number, urges replies to his inquiry sprung in a previous number, "Increase of consumption amongst the negroes of the South," which drew forth answers from Drs. Goss, Gilmore, Vineyard and Smoot, none of which seem satisfactory to my mind. They all agree in one particular, that it is largely on the increase. Now that is from their standpoint of observation, and the reasons given for it by some are amusing, if not edifying. In the first place, in order to arrive at facts, we must take facts to reason from. Before the war negroes mostly lived on plantations, where their habits were comparatively regular, and sanitary conditions good.

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Now they crowd together in towns, where their habits are very irregular and dissipation widespread, subjecting them to disease of all kinds, and have not the medical attention, nursing and dieting during sickness that they formerly had, consequently many pneumonic cases, for the want of proper attention, run into apostematous consumption from abscess on the lungs, or a troublesome bronchitis, which soon extends to the lungs with its fatal consequences; thus the course runs rapidly.

Having practiced in the country altogether, both before and since the war, I have not noticed any increase. While in town, where there are at least four times as many negroes as formerly, it is not strange that the number of cases should increase.

Dr. Goss attempts to locate the cause in wheat flour (an unfounded accusation), and says that our southern grown wheat contains more starch than northern, while the reverse is the case, which he will find by investigation. It is not uncommon that some members of scrofulous families die with pulmonary tuberculosis, whether they be white or black. Scrofula is a common scourge of the black race.

Dr. Vineyard thinks syphilis has something to do with the prevalence of consumption. There is no doubt that syphilis is on the increase in towns, but not so in the country. Syphilitic poison, added to a scrofulous diathesis, would hasten fatal results. During my professional experience of nearly forty years, I can not note any material change in the number of cases pro rata, either of pulmonary consumption or scrofula.

Dr. Furman says the negro is an exotic, a tropical plant, *apriori*, it would seem, that, coming from a warm to a colder climate, the first importations would have been affected more than the present race after several generations of acclimation and adaptation to the country. I like the doctor's treatment better than his theory. Mortuary reports from the larger cities show a larger proportion of deaths from all causes among the blacks than the whites, for the reasons given above. N. B. HALL, M. D.

Fair Mount, Ga.

[For the Brief.]

Rheumatism.

EDITOR MEDICAL BRIEF:—Having been asked by letter from a brother physician in regard to the use of "Elixir of Salicylic Acid Comp." (prepared by W. R. Warner & Co., Phila.) in treatment of rheumatism, I wish to reply through your columns by reporting the following case occurring in my practice.

CASE, Feb. 8, 1884.—Called to see Mrs. R. W., aged about fifty, found her suffering from acute articular rheumatism of the upper and lower limbs, all the joints badly swollen and red and very painful, skin hot and dry and pulse 120 (did not take temperature), urine scanty and high colored, and depositing a red sediment; gave her Elixir Salicylic Acid Comp. in teaspoonful doses every four hours.

Feb. 9.—Found patient much better, entirely free from pain, but joints still swollen and tender; pulse 100, skin moist, urine more free and of muddy color, continued the elixir in one-half-teaspoonful doses every four hours.

Feb. 10.—Found patient entirely free from fever and pain, swelling all gone, urine free and light colored, pulse 70, complains of nothing except feeling very weak, gave quinine in two-grain doses every four hours. Patient rapidly convalesced and in one week's time was feeling entirely well. This, of course, is an extreme case, but I think all will find it a valuable remedy for rheumatic difficulties. C. V. ELLIOTT, M. D.

Mansfield, Pa.

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[For the Brief.]

Ups and Downs in Country Practice.

BY D. F. CECIL, M. D.

Part IV.

(Continued from page 19.)

EDITOR MEDICAL BRIEF:—A few days after the rather serious incidences recorded on preceding pages, I went on a visit to my father's.

Of course, all the family readily gave up the best chair to "the doctor," and the cook "put the big pot in the little one."

I said "all the family;" I should have excepted one brother who had been married some ten months. He had remarked, when shown my fine case of instruments and other things too tedious to mention: "By Judas! 'Reub' shall never use his little jack-knives on any of my family."

Since that time I have frequently thought that he was the wisest member "of all my father's herds and flocks."

During the day I was spouting to my father about what I knew of obstetric practice, and told the old gentleman several things he never thought of (!), when he said to me:

"Young man, you have studied geography, have you?"

"Why, yes," I replied, "certainly."

"You know all about the State of Tennessee, don't you?"

"W-e-l-l—yum—yes," I replied rather dubiously, for I did not see what the old gentleman was pounding in his "big mortar."

"Was you ever there?" he asked, whilst a cautious wrinkle lurked about his temples, and his keen eyes flashed "blue blazes."

"Ahem! No."

"Well, then," said he, "you don't know much about Tennessee."

Somehow I felt that he had given me, in spite of "codes" and "dogmas," an allopathic dose in a homeopathic manner—for, indeed, I had never been in a lying-in chamber in my life. Years and years after this, when he had laid down the burden of life like an old garment, I was grateful that it was my good father who put that little check upon my braggadocio.

When I was returning home that afternoon, I had to pass the house of that thomas-didymus-incredulous sort of a brother, and, whilst endeavoring to go by in the most entirely "too too" professional manner known to a modern medical popinjay, he cleverly called to me to stop. I swung around like a fellow on a bicycle, and he requested me to come in to see his wife, who, having been in the family way some nine months, he thought, might be in labor.

Now, my dearly beloved brethren of the Most Ancient Order of the Mystic Capsule, or sisters of the same learned order, that brother of mine may have been wise in his generation, but he was lamentably lacking in discretion, or inexcusably inconsistent, but, be it said in his behalf, that, "it's a mighty nice thing to have a professional relative, with convenient jack-knives and things, you know," and it's hard to "resist the pressure."

Well, I entered the house, and, after jerking myself around to display my professional importance and feathers, I made a per vaginal examination. Now, for all that I knew, she either was or was not in labor; but, at a venture, I pronounced her quite well along in her confinement, and, at my brother's request, staid with them.

Here was a pickle! right in my Pa's "State of Tennessee!" with no available experience of things, save the unenviable reminiscences of the misspent past, with a man who, although belonging to the same herd of "superior animals," didn't take to me worth a cent! Well, at any rate, here was a good opportunity to display all I knew—and more too—

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and to inspire my brother with imperishable confidence. So, throwing off my coat, I rolled up my sleeves, anointed my hands with lard, as well, also, my patient's parts, and began an unceasing manipulation! How I tugged and sweat and blowed, is a caution to the rising generation of young doctors! My brother watched my proceedings rather dubiously, while his poor little woman cried piteously for me to let her alone, that time and patience would accomplish the delivery in a little while. But I pulled and tugged the harder, declaring that such things must be done. Down that poor girl I poured saucerful after saucerful of ginger tea, and teaspoonful after teaspoonful of fluid extract of ergot, and she was lashed into a fury of pain horrible to behold! Then the labiæ were swelling, and, to expedite matters, I pulled and tugged at the vulva the more! There was a little ripple of fluid, which, in after years, I am satisfied was the "breaking of the waters;" but how should I know? I felt that I was in duty bound to rupture the sac, and feeling a little spongy, rather hard globe presenting, which I had no doubt was the membrane (which I supposed to be as thick as sole-leather), I dug diligently into it! All this time my patient was begging to be let alone a moment, whilst I, with disapproving shakes of my head and firmly uttered words (a sort of a mixture of a gurgle and a groan), bade her to be still and silent; but, with a cry, somewhat like a wail of despair, the child was thrown into the world with a crash, and my patient fainted from the excess of her torture!

Here was a chance for me to use one of my "little jack-knives;" so, slipping up the sleeve of her gown, I opened a vein, from which sprung a sluggish stream of purple. She revived in a moment, but not because of the venesection, of course. I then looked after the child, which was blue and cramped from the excess of the ergot that had entered its body through the medium of the mother; and above all of my horrid malpractice, the tender skin of its poor little head was torn off just over the anterior fontanelle! If this unfortunate babe had not been born when it was, I would have dug into its brain, no doubt! I had to make some sort of an explanation of this scratched place to my brother, who, poor fellow, looked much the worse for having a convenient "professional relative;" and I frankly told him, that as I was young in the business, as he knew, I did not have the least idea why the head of his infant was thus mutilated. I told him that there was, no doubt, some *intra-uterine* cause for it, or, possibly, some inefficiency in the *fallopius canalliculi!* but that I would consult my books and report.

Passing that way a few days afterward, I called and examined the child's head, and found the pitiful babe suffering terribly from a large blood-tumor where I had scratched it. I told my brother that my books termed such places *acephalomia*, the cause being undue pressure upon the hard parts of the mother during *intra-uterine progressive primogeniture!* — (if anyone is smart enough to know what that means), but I felt that he took my learned explanation with a little grain of mental salt.

I lanced the tumor, letting out quite a quantity of fibrin and clotted blood, and, as I rode away, I muttered: "I say never use my little jack-knives on any of your family!"

The child survived its mother three months (!), and then died "by a dispensation of Providence!"

As for me and my wretched malpractice, I kept my "pretty mouth" wisely shut!

(To be continued.)

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[For the Brief.]

Financial.

EDITOR MEDICAL BRIEF:—I wish to say, through the BRIEF, to Dr. R. W. I'Anson, Bacon's Castle, Va., in regard to his article in the January BRIEF of 1885, page 38, concerning the financial part of our profession—give me your hand, you are on the right track. There is no class more imposed upon by the laws of Virginia than the physicians, and if they do not protect themselves, the past has shown they will not be protected by our legislators. The law of Virginia allows a man a homestead, and the poor man's law which amounts to about $3,000 free from all obligations. It also allows the laboring man the privilege of collecting his bills by law, but does not extend the same right to the doctor. Is there any justice in that? If a laboring man owes a doctor a bill, and that doctor employs the laboring man to work for him, the doctor is not allowed to rebut the laboring man's account with his own. The laboring man can force the doctor to pay him the money, although he owes the doctor more than the amount of his bill. The doctor should at least be put upon an equal footing with the laborer, for who labors harder than the doctor for what he gets? Besides, the doctor is required to pay a license of $15.75 to the commissioner of the revenues. There are about 3,000 physicians in Virginia, and the amount of the licenses paid by them is $47,250. Who is benefited by that money? It is surely not the men who pay it, for they are not protected at all. More than that, they are liable to be sued for malpractice if a case should turn out badly. Are we such a thick-headed set of beings that we are not able to protect ourselves? Surely not! We have only to do as others do. If we take a medical journal or a newspaper, we have to pay in advance for it; if we buy medicines, which country physicians have to do, we have to pay cash or get them on a very short credit. Our meat and bread and horse feed are equal to cash. If we hire a mechanic he expects his pay as soon as the job is finished. Yet the doctor is expected to work on credit at his own expense for parties who pay when they please, what they please, and *never* if they please. My experience with mankind is, there are not more than ten men in a hundred that will be in a hurry or put themselves to much inconvenience to pay a debt, if they know they can't be forced to pay.

The physician's calling is different from that of any other man. The lawyer can make a bargain with his client and secure his fees before he undertakes the case; the merchant can refuse credit to one who he thinks will not pay; the mechanic can and does refuse to work when he thinks his pay uncertain; but the doctor has not an opportunity of making a bargain with his patients. When called upon to go to see a child with the croup, he is expected to go with all the haste he can, and it would be cruel to talk about his fee over a dying child, consequently it is right that his terms should be known beforehand, and then if his terms are not complied with, the parent of the child would have to blame himself and not the doctor. Some may say the cash system is impracticable; that it would not do to let a child die because the father did not have the money; but if people know beforehand that they can't get a doctor without the money, they will keep a little on hand, as the old woman did her tea. She always kept a little for sickness. I do not say that a doctor should not extend the hand of charity in cases where it is due; every one should do that. But is it done? Suppose a man, who is not able to pay, goes to a farmer for a barrel of corn on credit, does he get it? No. Suppose he goes to a merchant for a pair of boots, does he get

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them? No. Then why should the physician be expected to be so much more charitable than other people?

I remember being called upon once while at a country store where a good many were gathered together, to visit a child of a man who was notorious for not paying his debts, and I refused to go. They who were in the store pitched into me at once, saying I was very hard-hearted indeed. I then proposed that we all make up an amount sufficient for the man to employ a doctor, not myself, but some other doctor. Not one of them would agree to the proposition; but still they could see very clearly why I should bear the whole burden. The times are very different now from what they were before the war. Then families were large and the people were responsible for their debts. Every family then had its family physician, who never presented his bill, but at the death of the head of the family he would then come in as one of the legatees, and the county paid for practice done for the poor. We can't do that way now. There is a floating population now in every neighborhood that will get in debt, and then walk off with our money in their pockets, and a majority of those that remain are very little better. They think that if they can't get one doctor, they can get another. Keep the ball in motion, Dr. I'Anson, agitate the question, and perhaps at the next meeting of the State Medical Society some one will offer a plan that will enable us to do better for ourselves than we have been doing. If we can not bring our practice to a cash system, we can certainly make it better than it is. If we can not, then I, for one, will bid adieu to our noble profession. HORACE SMOOT, M. D. Bristersburg, Va.

PROF. J. M. DACOSTA recommends bromide of nickel for epilepsy, in five-grain doses, three times daily.

[For the Brief.]

Ague for Three Years.

EDITOR MEDICAL BRIEF:—I will give the many readers of the BRIEF my experience in a case of chronic chills or ague.

Miss C., age twenty-one years, a farmer's daughter, no hereditary diathesis, unless possibly rheumatic (her father and some of his brothers suffering chronically with this disease), catamenia irregular, anæmic, and capricious appetite; had recurring or relapsing ague for about three years. Neighboring physicians treated her at different times with the ordinary remedies, such as the preparations of cinchona, arsenic, iron, etc. The chills would return in from two to four weeks. I had checked them a few times by above treatment, but still there was no satisfactory cure. Finally they quit all doctors, and used all the old women's (and old men's, too) remedies —snake root, "bitter apple" (colocynth), cherry bark, sarsaparilla and whisky, "anvil dust," and other things ad infinitum, also Ayer's and other nostrums, until, thoroughly discouraged, they left her at my residence to "kill or cure," and study ad libitum. My prescription was as follows:

R. Potass. Iod.....2½ drachms.
Liq. Pot. Arsenitis fl....2½ drachms.
Ext. Stillingia Comp. fl..2 ounces.
Syr. Simp. q. s. add.... 4 ounces.
M. Sig.: Teaspoonful three times daily two or three hours from meals.

To act gently on liver and bowels, I gave a teaspoonful of fl. ext. wahoo for a few nights, then occasionally as required to avoid costiveness.

Patient never had another chill or fever after the day she came to my house, which was eight months ago. I kept up same prescription, except the wahoo, for six months. She gained in weight, appetite, color becoming good, more lively in disposition, etc., daily from the start. Now, some of the readers of the BRIEF, yes, many, will jump

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at the conclusion that it was a change of place—climate—from her home to mine. I think not. The distance is only two and a half miles, from a well-to-do father's farm, with no malarial surroundings, to our village. The manner of habits, living, etc., very similar. I think it was the medicine.

The indications I proposed to fulfill by above treatment were: act upon the glandular system (with pot. iodide), modify the blood — dyscrasia—(fl. ext. stillingia comp. and potassa), improve the digestion (pot. and arsenic), and arouse the torpid liver and relieve the disposition to constipation (with the fl. ext. wahoo).

At the same time I concluded that an alkaline treatment was indicated. Again, these remedies were calculated to have some favorable influence over the functions of the uterus. Brother M. D.'s, was my treatment good and rational? Anyway the patient got well rapidly, and I got my fee and a great deal of gratitude.

By a little reflection it will be seen that the above remedies would be indicated in many complications. For instance, suspected rheumatic, syphilitic or scrofulous heredity.

Some may argue that the arsenic did the work. That will not do. I had used quinine, cinchonidia, arsenic, iron, cimicifuga, cinchona bark and whisky on this case faithfully.

I report this experience for what it is worth, and because to me it is of some considerable interest. If there is anything that will wear out, both patients and patience, it is a chronic case of ague.

In regard to the success of Dr. King —in his case—atropia for vomiting in pregnancy (see BRIEF, Dec., 1883, page 554), I called attention to that remedy, (see MEDICAL BRIEF, April, 1881, page 227); also *Obstetric Gazette* (Cincinnati), April, 1881, page 544. And yet it was not entirely original with myself. A Swiss druggist (a good one) in St. Louis heard me speaking of a desperate case of vomiting in pregnancy, in which I had exhausted my catalogue of remedies, and the patient was exhausted nearly to the point of dissolution. "Why don't you inject cutaneously one-sixtieth grain of atropia," says the chemist, "old Dr.—— (a German whose name I have forgotten) stops it that way." I did so at once and had no more trouble in that case, nor have I with such cases since. I used this potent remedy in 1876. J. W. WADE, M.D. Pleasant Mt., Mo.

[For the Brief.]

Amaurosis.

EDITOR MEDICAL BRIEF:—Dr. R. T. Hillman, of Senoia, Ga., asks for treatment for amaurosis. It has been my privilege to visit the New York Eye and Ear Infirmary weekly for the past nine years, and I have observed several cases of amaurosis.

Amblyopia and Amaurosis. — In times past all diseases of the deeper portions of the eye-ball, i. e., retina, optic nerve, and choroid, of which the only demonstrable symptom was impairment of vision, were classed under the above heading. By the aid of the ophthalmoscope the study of these diseases is more satisfactory, and we class among the amblyotic affections only those cases of impaired vision that are not associated with any visible ophthalmic changes of the fundus, and are not due to errors of refraction that can be corrected by glasses.

The term amblyopia, which means dull eye, and amaurosis, which is to "render obscure," are used according to the degree of impairment of vision. The development of these affections, which are generally found in both eyes, and are usually produced by a poisoned or vitiated state of the blood, which exerts a toxic effect upon the retina and

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the optic nerve and leads to disturbance of the nutrition of the nerve elements of these parts.

The poisonous influence may be due to urea, lead, quinine, alcohol and tobacco. Amblyopia may be met with in uræmic conditions during the latter stages of Bright's disease; when no change of the retina or of the optic nerve can be seen it is always a grave symptom.

Cases of lead poisoning accompanied by almost complete loss of sight have occurred, not only among painters, but among men employed in lead mines.

Quinine. — Amblyopia has occurred after the administration of large doses of that drug, but it is generally only transient.

Liquor.—After its excessive use amblyopia is of frequent occurence. Both eyes are generally affected, but not always to the same extent.

Amblyopia from abuse of tobacco is more frequently seen in persons whose occupations keep them confined in badly ventilated rooms, or in persons who are poorly nourished and who keep mostly indoors. Old and feeble men are most apt to suffer from the poisonous effects of tobacco.

Treatment.—The cause of the affection should be an indication to the mode. Doctor Hillman does not describe his case sufficiently to give treatment. In uræmic poisoning use the same remedies as in Bright's disease. In lead poisoning the iodide of potassium is one of the best remedies. In alcohol and tobacco, no liquor of any kind should be allowed the patient; coffee, too, should be prohibited. If the patients are under treatment and are improving it is surprising to see what a change for the worse a single glass of beer will cause. It is necessary in these cases to improve the general condition. Attention to the circulation and state of the bowels is absolutely necessary. One case of alcoholic amblyopia I noticed particularly, under the special treatment of Dr. H. D. Noyes, who told the man that people suffer in this world for their sins as well as in the next. His treatment was strychnia, and should be administered hypodermically in increasing doses of from one-thirty-second to one-eighth of a grain daily, in temporal region; if patient can not be seen daily one-thirty-second of a grain may be given by the mouth, *ter in die* before meals. Electricity is also of great help. The galvanic current should be used every other day fifteen to twenty minutes at a time.

New York. Wm. R. Leonard, M. D.

[For the Brief.]

Bright's Disease—Pain in Rectum—Croup.

Editor Medical Brief:—I have two cases which I wish to bring before the many readers of your valuable journal:

Case 1. Dr. J. H. has Bright's disease of six months' duration; had partial blindness and heart trouble, which have been relieved; but the albumen in his urine is as much as a half inch or more in a four inch test tube. In other respects his health is good, attending to his practice without any inconvenience, unless he gets chilled. He has been taking, for some time, chloride of gold and sodium, and nitro-glycerine, still the albumen persists. Will some of the doctors give, through the Brief, a treatment that will restore him to health.

Case 2. Mr. E. F. has a severe attack of pain in the rectum, five inches from the anus, occurring every month, lasting half an hour, leaving as suddenly as it comes on, with no trouble except some soreness for a short time. During the attacks is wild, does not know what he is doing, but as soon as the pain ceases is rational. He has no piles, nor any other trouble. Is a hearty, middle-aged man. He has been getting these attacks for a year.

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Now, Mr. Editor, will you, or some of your numerous readers, give a diagnosis and treatment to prevent these attacks?

Dr. S. S. Staufer has a very interesting article on membranous croup, in the last BRIEF, which he concludes by saying he would risk his dearest child to the bryonia and ipecac treatment. But he failed to tell us how he used them, whether in powder, syrup, tinct., fl. ext., etc.; the doses, whether in combination or alternately. Will the doctor be so kind as to tell us how to give them, through the BRIEF, and oblige a seeker? I think doctors should always designate the particular article and dose.

Jefferson, Md. J. J. CULLER, M. D.

[For the Brief.]

Chronic Gastritis—Amaurosis.

EDITOR MEDICAL BRIEF:—Dr. Tuthill, in January number of BRIEF, asks for pathology. He does not ask for diagnosis, which evidently is necessary, and I venture to render a diagnosis. From points given by Dr. Tuthill, I will diagnose the trouble as chronic gastritis. Now, as to the pathology, I think it is in obscurity, and a thorough post mortem would have settled the matter satisfactorily. It may have been due to any irritation, such as alcoholic drinks, medicines, etc. But, likely, in this case it was due to portal congestion, or inflammation of liver, spleen, pancreas, and may have been due to some kidney trouble. I think had Dr. Tuthill been granted the privilege of prosecuting his post mortem to liver he would have discovered some inflammatory lesion which would have rendered the pathology plain.

I deem it useless to theorize upon this subject, as it will be simply theory. Had Dr. Tuthill given a little more explicit history, I might have given a better answer to his question.

Dr. Hillman asks for recipe for amaurosis. First, I will say to the doctor, protect the eye with colored glasses. Give iron and nux vom. internally. Belladonna is contra-indicated. Give eye rest.

The optic nerve being seat of lesion, belladonna is not physiologically indicated, as it dilates the pupil. Counter irritation may do good.

Carleton, Neb. H. C. MANARY, M. D.

[For the Brief.]

Winter Itch—Rhus Poisoning.

EDITOR MEDICAL BRIEF:—As this is the season of the year for that troublesome and tormenting affection called "winter itch," if the readers of the BRIEF will try acetic acid, diluted with water, equal parts, night and morning, well rubbed on the itching parts with a cotton cloth for a day or two, and then once a day until it gets better, or until it begins to get sore, then quit. I have used it full strength in one or two stubborn cases. I have never failed to cure it, and that, too, after a few applications. Try it and report. If the skin should be very tender, use one part acetic acid to two or three parts of water.

For rhus poisoning there is nothing better than olive oil freely applied as often as the oil dries up. Don't be afraid to try these remedies because they are simple. If you fail with them it will be only what you have done with many other remedies.

Barry, Mo. ROBT. REDDISH, M. D.

[For the Brief.]

Universal Ointment Wanted.

EDITOR MEDICAL BRIEF:—I would like to have some of the readers of the BRIEF give formulas for an ointment that would be applicable in rheumatism, tumors, skin diseases, etc., on the same principle that liniments are used in pains—one that would also act as an alterative. F. SCHERER, M. D.

Pittsburgh, Pa.

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...oles. Possessing Nutritive and Diastatic Powers ... Preparation known. Improved and Perfectly Palat... not Ferment or Congeal in any Climate or Season.

ESTABLISHED 1873.

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J. J. LAWRENCE, A. M., M. D.,
EDITOR AND PROPRIETOR.

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A NEW EMMENAGOGUE.

The following is an abstract from a letter written by one of the most prominent gynæcologists of the country, to another:

"Thus far no perfect emmenagogue has been discovered, but I regard the Manganese as the best that I have met with. It should be styled a regulator of menstruation rather than a pure emmenagogue, for it is useful in the absence of the menses, irregularity of their recurrence, and even in excess of flow.

"The preparation which I now employ is McKesson & Robbins' pills of the Binoxide of Manganese. Of this preparation I give two grains three times a day throughout the month and during the period.

"I also employ Manganese in chlorosis and anæmia, and I think that by its use I obtain better results than I have heretofore done by iron." (See Medical Record of March 6th, page 274.) Specify "McK. & R." Pills Manganese Binoxide.

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McK. & R. Oleate of Manganese, 20 per cent. May be used to advantage when the pills can not be administered.

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Were the First in this Country to Manufacture this Valuable Remedy for

Winter Cough, Bronchial and Chest Affections, Flatulency, Acidity, and other forms of Dyspepsia.

It may be used as an innalation, or taken internally in doses of five or six drops on sugar every four hours, gradually increasing the dose to twenty minims.

Terebene was brought to the notice of the Medical Profession as far back as 1873, by M. Riban, who read a series of papers on this and similar substances before the Pharmaceutical Society of Paris. It has lately been brought into prominence by Dr. Wm. Murrell, of London, who has given it in over 114 cases; he has also notes of its value in 81 out of 94 cases. Dr. Murrell says that much of the Terebene now being sold may be described as inferior, and to this fact he ascribes some irritating effects noted in a few of his cases.

We would therefore caution the physician in prescribing and the druggist in ordering to, in all cases,

SPECIFY McK. & R.

COCAINE.

Although only eighteen months have elapsed since KOLLER'S announcement of his discovery of the anæsthetic properties of this alkaloid, Cocaine already ranks among the most important agents of the practitioner. In general and dental surgery, ophthalmology, laryngology, and general therapeutics, its value is everywhere attested.

We began its manufacture immediately after the announcement of DR. KOLLER, and samples of our product were submitted to many noted specialists for their experiments, and the results were highly gratifying. The demand for our manufacture of the salt, solutions, and oleates has continued to increase, and we desire to express our sincere thanks to the medical, pharmaceutical and dental professions for their kind encouragement as shown in their recognition of the merits of our preparations. Our appreciation of this will be shown in our constant efforts to supply all their requirements in chemicals and pharmaceuticals, of a quality worthy of their entire confidence.

Special quotations on Terebene and Cocaine for specified quantities.

Very Respectfully,

McKESSON & ROBBINS.

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[For the Brief.]

Obstetrical.

EDITOR MEDICAL BRIEF:—In the last number of your excellent monthly I find an article from the pen of Dr. K. Taylor, of Slanesville, W. Va. Doctor T. always writes something worth reading. The article referred to gives a brief history of two cases of obstetrics, both of which seem to have been a little "uncommon." The doctor wants his brethren to express their opinions touching the practice in those cases without reserve.

Well, with regard to the first case, it seems to me the waiting was judicious, and the administration of ergot to increase the expulsive powers of the uterus was very well. The manipulations were well enough, as results proved, but the delay in delivering the placenta was unfortunate, as I conceive, and especially so if the doctor failed to use precaution to ligate the cord the second time I make it a rule, from which there is no deviation, to tie the cord twice. This practice keeps the placenta round and full and the womb takes cognizance of its presence the more readily after it is relieved of the child, and more generally expels the placenta with its contents with the very first contraction of that organ after the birth of the child, but I do wait for any symptoms of syncope to come up to remind me of the patient's danger before proceeding to deliver the placenta. But as soon as I have delivered the child over to the nurse, I give my patient my undivided attention until the after-birth is removed. I most always find it in the vagina, if not, I proceed with the necessary manipulations to bring it to that point.

The doctor, to my mind, made a mistake in waiting a "few minutes." He does not say whether he tied the cord once or twice, but he says he made traction on the cord and it "snapped off like a piece of rotten twine." The doctor must have been a little excited about that time. I never had one to snap in my hands yet. The mouth of the womb being closed on him he was put to the necessity of forcing his way into the retained placenta. The cord should have led the doctor to the discovery of the hour-glass contraction and been used as a director in his explorations. He certainly made a mistake in consenting for his patient to be helped up upon the "chamber." The doctor's after-treatment I have no objections to whatever.

As respects his second case I have but little to say, only I think the forceps might have been used to advantage, had the doctor had them at hand. There may be a case now and then when forceps are a God-send, and the doctor's second case may have been one of them.

Sonora, Ky. W. W. LAMBUTH, M. D.

[For the Brief.]

Treatment for Burns.

EDITOR MEDICAL BRIEF:—The best treatment for burns that I have tried is the following: First cleanse with castile soap-suds, by saturating a sponge of sufficient size and drawing over the surface of the burn until it is properly cleansed. Then apply a light bread and milk poultice, made soft and even. Renew about every eight hours for forty-eight hours, then remove and apply iodoform and sub. nit. bismuth in equal quantities, after cleansing with castile soap-suds. Dust over the parts burned, from twelve to twenty-four hours apart, after cleansing with soap-suds each time.

If any of the many readers of the BRIEF know anything about the Schussler tissue salts, please tell it. I see Dr. Pitzer speaks very highly of them, and says he has had great success with them. I would like to hear all about them through the BRIEF. G. W. SHELTON, M. D.

Johnstown, Mo.

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[For the Brief.]

The New Local Anæsthetic.

EDITOR MEDICAL BRIEF: — As the physicians in this country continue to sound the praises of Cocaine Hydrochlorate—or Hydrochloride, according to the New York *Weekly Drug News*—I thought the readers of the BRIEF might be pleased with the view of the wonderful plant as delineated in the above electro-print, being an exact reproduction from a photograph of a living plant, of fully developed leaves, in the possession of M. Mariani, of Paris. The cut was kindly loaned to me by Mariani & Co., of the New York branch house. The news of the discovery of the wonderful properties of Cocaine has been so rapidly spread that there is scarcely any apology for me to rehearse the facts at this time. As is well-known, the discovery of the anæsthetic properties of Cocaine Hydrochlorate, when applied to the surface of the eye-ball, in a solution of the strength of two to four per cent, was made only within the last few months by Dr. Koller, a young physician studying in Vienna, who sent a vial of the solution to Dr. Brittauer, of Trieste, with the request that it be used in the presence of the Ophthalmological Congress in Heidelberg. The solution was used on a patient at the Heidelberg Eye Clinic,

ERYTHROXYLON COCA.

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and the extraordinary anæsthetic effect it had when dropped into the eye was noted with wonder by a large number of physicians present, among whom was Dr. Henry D. Noyes, of New York, to whom belongs the honor of being first to communicate the important discovery to this country, which reached these shores October 7th, last.

Since then it has been tested by many eminent physicians all over the land with gratifying success, not only in ophthalmic surgery, but in many cases in minor surgery, by external application and by hypodermic injections, local to the parts being operated upon. The druggists were all agog at the sudden great demand for Cocaine. But few had the alkaloid at all, and they in but small quantities. Merck, of Darmstadt, the principal maker, was cabled to for all he could supply, but it was found the demand on the other side had run him short. The price ran up from $2.50 per gramme at wholesale, or about sixteen cents a grain, to $8 per gramme, or over fifty cents per grain. There seems to be a very fair supply in this country now, and while the price sounds high yet it will compare very favorably with the price of other anæsthetics, when it is remembered that but a few drops of a two or four per cent solution are required for an operation. This salt appears in the market in dry soluble crystals and in solution.

It was notable that an eminent manufacturing chemist had, only a few weeks previous to the publication of the discovery of the anæsthetic properties of Cocaine Hydrochlorate, cast aside Coca and its fluid extracts and substituted those of tea and coffee, because, as he alleged, Coca could not be had pure in our markets for medicinal purposes. But he has since wheeled into line, and, at last accounts, was trying his hand in the preparation of Cocaine Hydrochlorate.

Other manufacturing druggists have ransacked the markets for the Coca leaf, and it has been said some were guilty of not knowing the difference between the Coca leaf and the Senna leaf. It should be said, however, that the Rio Chemical Company, of St. Louis, have for a long time appreciated the virtues of Coca, and that they use large quantities of it in their well-known preparation, CELERINA, so largely prescribed by the profession, also Messrs. Battle & Co., of St. Louis, use it largely in the preparation of their "Cocalac," and also Mariani & Co., of this city, in their "Vin Mariani."

Erythroxylon Coca is found in the same equatorial lines as the Peruvian bark tree (cinchona). It is a small tree about six or eight feet in height, cultivated, and also growing wild, in various parts of South America—mainly in Peru and Bolivia. The branches bear alternate leaves, variable in dimensions, eliptical, and of a green color. The distinctive feature of the leaf is the disposition of its veins, which can be seen in the electro-print. It has small white or greenish-yellow flowers. It bears fruit containing a seed from which the plants in the nursery are derived, to be afterwards transplanted into the gardens for cultivation.

The plant grows wild in its native countries, but it is from the cultivated plants that the leaves for commerce are obtained. It is said that Corsica and Algiers possess climatological conditions suitable for the perfect development of the Coca plant.

It is probable that Coca could be grown in certain parts of Florida, South California and New Mexico.

The plant, in its native soil, sufficiently develops in about two years to give its first crop of leaves.

Extracts of Coca have been made as far back as 1774—first, perhaps, by Dr. Unanue, of Lima.

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Coca is regarded as a valuable tonic, with stimulating and anodyne properties combined, acting without debilitating.

The alkaloid, Cocaine, now exciting the attention of the medical world, was discovered by M. Niemann in 1855. In addition to its use in ophthalmic practice and minor surgery, it is used, and has been for several years, in Germany, in local application to the mucous surfaces of the nose, throat and larynx.

In its new applications one can scarcely predict the great benefits to the human family from the products of this wonderful plant. H.

New York.

[For the Brief.]

Electrical Treatment of Uterine Fibroids.

EDITOR MEDICAL BRIEF: — During thirty-seven years of medical practice I have met with many interesting cases, but have never been able to command the time to report them through the medical journals.

For the past eleven years I have made considerable use of electricity as a therapeutical agent, and I now regard it as an indispensable aid in my practice.

Two cases of uterine fibroids, which have wholly disappeared under electrical treatment, having attracted considerable attention, I have been solicited to report them for the benefit of the profession, and especially for that portion of it that are not aware of the potency of electricity in exciting the absorbents, or who have little faith in its therapeutical powers generally. Uterine fibroids are usually classed as sub-mucous, sub-peritoneal or interstitial, and the methods for their removal, advocated in our text-books, are:

1. Absorption, for which purpose the entire class of medicines styled absorbents have, from time to time, been employed.
2. Excision.
3. Avulsion.
4. Enucleation.
5. Gastrotomy.

Ergot is the principal reliance for the production of absorption or avulsion, and has been greatly lauded by some authorities, but unfortunately it frequently fails when employed alone.

The saturation of the system by the drug, which appears to be necessary in a majority of the cases, before ergot will produce an appreciable effect on the tumor, is liable to produce ergotism, when it must be abandoned. It is not my purpose here to point out the dangers from the other measures advised, in the event of the failure of ergot, as they are evident to the most casual observer.

Scanzoni, in summing up the authorized treatment, says: "We do not remember a single case in which, with the means indicated (by medical agents) we have obtained the complete cure of a fibrous body."

Thomas says: "If drugs are tried for the purpose of exciting absorption, they should be continued for many months and even a year or two before the trial can be considered fairly made, for their action is never immediate."

Surgical authors agree that an operation for the removal of uterine fibroids should never be undertaken, only when it becomes necessary to do so to preserve life, except in those cases where the tumors are extruded into the cavity of the uterus and become pedunculated.

When the tumors form an integral part of the uterus itself, the only chance to complete an operation is by the removal of uterus and ovaries, an operation which, under the most favorable conditions, is reported to give but twenty-five per cent of recoveries.

In view of the fact that present methods of treating uterine fibroids have given so little satisfaction, I have consented to report my own experience

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with another method, with the hope that others may give it a trial and report results.

Case 1.—In May, 1882, Mrs.——, age thirty-four, nationality——, of sanguine temperament, consulted me in regard to her condition. She had one child, now a young lady. For eight or nine years the mother's health had been failing, and, according to her own statement, she had consulted not less than fifteen physicians without receiving any benefit. Her husband, who accompanied her, expressed himself as impoverished and discouraged by his efforts to obtain relief for his wife.

As the lady complained of having suffered from profuse uterine hemorrhages during the preceding ten or twelve months, an examination was requested, to which she readily consented.

The abdomen was enlarged, but did not present the uniform development of pregnancy; on the contrary, it appeared knobby and hard. A fibroid growth was found, attached a little to the left of the uterus, which, if detached, would probably weigh a pound or more. The sound, after entering three-fourths of an inch, met with obstruction, and it was only by patient manipulation that it was finally introduced.

The distance from os to fundus measured five and one-half inches. Faradism being prescribed, treatment was instituted the same day, and repeated every day for six weeks. A weekly examination was made to observe progress, and on each occasion a reduction in size was found.

After the fifth treatment all hemorrhage ceased, and her catamenia recurred regularly thereafter, and was in all respects normal.

After the sixth week, treatment was repeated twice a week for one month, and afterward once a week, until the middle of August, the same year, when the patient was discharged as cured. I met her one year after, and she informed me that she had remained perfectly well since her discharge.

Case 2.—Mrs.——, aged forty nine, nationality——, presented herself to me July 28th, 1884, in a wretched condition, having had uterine hemorrhage, without cessation, for the previous five weeks, accompanied by agonizing pains. Her menses had continued with regularity until within a year and a half before my first interview with her. Her health then failed to such an extent that she had gone to the home of her childhood in the East, to die among her kindred, but after some months, the change having wrought an improvement, she returned to her home in this city and soon afterward came under my care.

Informing her of the necessity of an examination, I found the measurements of the uterus to be as follows: Across the os externum four and three-fourths inches; from the os to the fundus eight inches; width at widest part eight and one-half inches. All attempts to introduce a sound failed, it would enter but three-fourths of an inch, the whole uterine body being solid and firm, the cavity seemingly so encroached upon by the fibrous growth as to be practically obliterated. After the examination was complete, she informed me, for the first time, that four years previously her physician had diagnosed a uterine fibroid, and had endeavored to persuade her to enter a hospital for treatment, but as she refused to do so, nothing was done for her.

Electrical treatment was begun directly after the examination, and repeated daily. Pain and hemorrhage ceased after the third day. The tumor began to diminish at once, and September 18th, an examination showed that it had nearly disappeared. After this date but two treatments per week were given until October 6th, the tumor having completely disappeared, one treatment per

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week was continued for a short time to complete the cure.

At the date of this writing the lady has increased in flesh, and appears to be vigorous and in perfect health.

My method of applying electricity in these cases is simple and can be readily tried by any physician. I do not believe it is judicious practice to leave the application to the judgment of the patient. I make use of a McIntosh Faradic Battery and always employ the primary current for these cases. The positive pole was always applied within the os by means of a suitably shaped electrode, the negative pole for ten to fifteen minutes on the abdomen over the tumor and for the same length of time on the spine in the lumbo-sacral region. If the patient is very nervous, I moisten the negative sponge in salt water and grasping it in my left hand, with my right hand, also moistened with salt water, I grasp the patient's fore-arm as high up as possible, and when she becomes accustomed to the current, I apply the hand to the abdomen and back as above described. The entire treatment averages from thirty-five to sixty minutes, and should be repeated daily until there is a marked reduction in the tumor. The strength of current should never be so great as to cause pain.

The inter-current remedies were anodynes, when pain was very severe (used sparingly, however), and tonics. No ergot was given internally, but the following injection was ordered:

℞ Acid Salicyl.....30 grains.
Ext. Cimicif. Race. fl....1½ ounces.
Ext. Ergot fl..... 1 ounce.
Glycerine Con. fl..... 3 ounces.
Aquæ, q. s. ad..... 8 ounces.

M. Sig.: Add one tablespoonful of this mixture to one-and-a-half pints of tepid water and inject once or twice daily, morning and evening.

Having been successful in the removal of other growths than fibroids, notably that known as cauliflower excrescence, I shall be pleased to give other reminiscences from my practice when occasion proves favorable.

Portland, Ore. F. A. JOHNSON, M. D.

[For the Brief.]

Headache—Bear's Foot—Diphtheria.

EDITOR MEDICAL BRIEF:—If Dr. A. D. French will try the following for his case of headache, I think he will be greatly benefited:

℞ Ext. Guaranœ fl..... .... 2 ounces.
Ext. Ergot. fl..... 2 drachms.
Ext. Hydrastis fl..... 1½ ounce.
Potass. Iod..... 2 drachms.
M. Sig.: Thirty drops four times a day.

Try the above and report through the BRIEF.

Dr. W. T. Smoot, Cadiz, Ky., wants to know the medical properties of bear's foot. I have found it a specific for enlarged spleen. My plan of treatment is to give ten drops four times a day, and use the ointment at bed time, well heated in. It has never failed in a six years' use.

Dr. William Hause, Westport, Ind., in January BRIEF, gives a treatment for diphtheria which coincides with mine exactly, as I have used it for the last twelve years, and with proper care, it has never failed me. It would be well for the doctors to read it over carefully.

N. C. WOODCOX, M. D.
Millersburg, Ind.

[For the Brief.]

Baffling Skin Disease.

EDITOR MEDICAL BRIEF:—Dr. Homer Bowers, of New Ross, Ind., writes that he has a baffling skin disease," for the treatment of which he asks advice. I have the same trouble on my own scalp, resisting all treatment resorted to as yet, and my opinion is that a depilatory application (which I have been threatening to try) is the only remedy.

CHARLES U. HARRISON, M. D.
White Oak, Ark.

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[For the Brief.]

More Croup.

BY J. A. DE ARMOND, M. D.

EDITOR MEDICAL BRIEF:—Croup has again received the attention of one of our family, this time, Dr. Staufer coming to the front with a specific dug out of ancient rubbish. After a review of my former articles the doctor takes occasion to make some comments thereon, and work out a plan of salvation which is at once easy and impossible.

The doctor regrets very much that I did not give some "sure cure," and, so I take it, concludes that the series which I wrote and which appeared in the BRIEF was a loss of time. Now, since I was not able, like Dr. Staufer, to cure my cases, although I, in every fatal case, had consultation and employed those remedies which are recognized as standard, what more natural thing could be done than to call for a show of hands of those who, having time and opportunity, delve in the secrets of old French rubbish heaps and find specifics.

In Dr. Staufer's first article I had much hope, since I felt that here is a man who has his being under the droppings of the many medical sanctuaries of the city of brotherly love. Certainly, if there is anything new under the sun, he will know of it. My hopes were dashed somewhat when the "old French remedy" was brought forward, but when he dropped the narration of the only case he spoke of to turn aside for a little emotional whirlwind, I lost all hope. The second article, aside from being a review of my former articles, contained only a closing hope and belief that the "new remedies" would yet be found to be all-powerful in croup. Since the doctor's first article contained what he called a specific, the hopes of the last article can only be viewed in the light of strong distrust of the ancient specific.

I could not nor would the BRIEF permit an extended discussion on the merits or demerits of the "new remedies," as my professional brother calls them. I admitted frankly, at the outset, that my success in the treatment of croup had not been flattering. In this I find about all of the authorities agree with me. Dr. Staufer and a few others cure all their cases, but Smith, West, Meigs, Pepper, Day and the rest of those master minds did not. All admit the great severity of the disease, and all remark its great mortality. I am loath to believe that all these men would pass by remedies that showed evidence of value and worth, simply because they were new. These men hold fast to what is proven, and do not fly off on a tangent after false and sawdust-stuffed gods, whether of French or more ancient antiquity.

The doctor seems to take it for granted that the emetic theory is old and out of date, for says he, "That he may have failed to expel it by emetics is no surprise, as the vomit comes up through another source and not even touches the membrane." If that is not knocking down logic I confess that I do not know where to look for it. And can it be possible that the use and object of emetics in croup is so poorly understood as that sentence would indicate. My friend does me the great honor to read my articles "alone in a room," and then he dismisses an element of treatment that every recognized author in the broad land dwells upon.

Now, doctor, I would not for the world question your motives nor your belief, but I am free to confess that the only case you introduced did not, in my opinion, have true croup at all. The lamentations of Job and Solomon in this particular case gave way to the shedding of a few tears while in the ex-

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uberance of joy, imagination overpowered judgment and a great case of croup was thrust upon the market. If that case was recited in detail there was indeed little to cause the great fear that possessed you, while your specific got credit for what was easily cured.

In all of my articles I claimed that the cures of croup came from inefficient means usually, and that those who reported cures with idle and harmless "specifics" were not and could not be rationally accepted as cases of the genuine croup. When we talk about croup we do not mean those little night affairs which thousands of mothers cure without any special claim at knowledge of the medical art.

It may be that my views on this very important subject are not worth anything, since the majority of my cases did not recover, but the same powerful reasoning will apply to the authors whom we are accustomed to regard as standard. Be that as it may, so long as remarkable cures in powerful diseases are made by impotent remedies in not all-powerful hands, the incredulous will fail to be moved by the deep emotions excited by the kissing of night-gowned children, or the reports of successes where failures could come only by studied recklessness.

Le Claire, Ia.

[For the Brief.]

Cerebro-Spinal Meningitis.

EDITOR MEDICAL BRIEF:—I am in receipt of a postal card from Dr. O. S. Sanders, Boston, Mass., in regard to treatment of cerebro-spinal meningitis, and write this article in reply. Dr. Sanders wrote the card as a criticism, I presume, of an article written by me for the BRIEF, on cerebro-spinal meningitis, which appeared March, 1884, on page 106. The doctor says, "If you ever have another such, never 'bleed,' never give calomel, nor quinine, nor Norwood's tinct. veratrum, but try gelseminum and cimicifuga; not over five drops of the tincture, in cold water, one-half tumblerful, and give teaspoonful doses one-half hour apart, alternating." Alternating with what?—cimicifuga, I suppose, but he does not say so, nor what preparation, powder, tincture or fluid extract, nor how much. If he gives the tincture, I presume his dose, judging from the amount of gelseminum, would be the fractional part of a drop. He says also, "If any external treatment is used, apply ice in an ice-bag, holding it to the spine for from five to ten minutes, then wipe dry with dry hand, repeating it gently at intervals of ten or fifteen minutes, several times." I would say to the doctor, that I am thankful for his suggestions, as they were no doubt well-meant, but that I am inclined to think that his practice "won't work" out West. The disease, as it exists in this State, often "runs its course" in from twelve to twenty-four hours. I do not know how it exists in Massachusetts, but I should be afraid to rely on infinitesimal doses of gelseminum and cimicifuga in any country. So far as his ice-bag local treatment is concerned, I must say, that to my mind it is rather unique. Why does he handle his ice-bag so gingerly? Why apply it to the spine and not to the head? Why does he intermit his local application, and would not a rag or sponge do as well as his hand to wipe with?

I would also say to Dr. Sanders, that my object in writing the article in question, was not to recommend specifics, but to record cases to help explode the idea of specifics for any disease. When we all learn to diagnose our cases properly, and treat them scientifically, then will we reach an era in the practice of medicine much to be desired. THOMAS G. KELLY, M. D.

Carrington, Mo.

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[For the Brief.]

Clotted Blood in the Bladder—Sick Headache—Tetter—Consumption, etc.

EDITOR MEDICAL BRIEF:—We tell everything to you, and you tell it to everybody else. So you tell a heap, and we get a heap, and generally that which is the very best. Long live the BRIEF, get fat, and stay fat on good things.

Mr. C., aged seventy-two, a farmer, pretty well to do in this world, though a hard laboring man, rather feeble, though as stout as most of men at that age. On November 28th, he was building a fence, also the next day; did some pretty heavy lifting, though he did not think he strained himself any. Next day he went to church, and returning from church, his bowels moved him two or three times, of a dysenteric character; did very heavy straining at stool, though having the piles very bad, protruding, very much inflamed and bleeding, probably had a great deal to do with his straining. All that evening he suffered very much with great and constant pain in the lower part of the bowels, iliac region, perineum and fundament. Early in the night, suffering so greatly, he sent for his family physician. The doctor arrived about 10 o'clock that night; found his bladder enormously enlarged, with excessive tenderness over the abdomen, especially over region of bladder; no fever, no acceleration of pulse, but great pain in abdomen, especially in the groins and perineum. The doctor diagnosed strangury, and endeavored to introduce a catheter, when he met with an obstacle in the way of stricture of the neck of the bladder. Finding it impossible to introduce so large an instrument he withdrew it and tried a very small-sized one; after sometime it passed through the stricture, but lo, and behold! not a drop of water passed. After a few moments he withdrew it, and to his astonishment, very slowly issued from the penis clotted and fibrinous shreds of blood. It continued at that probably an hour or more, until nearly a pint had passed from him. The swelling of the abdomen was considerably reduced, still his sufferings were not relieved any. Patient made several ineffectual efforts to pass water that night. In consequence of his suffering the doctor gave opiates through the night, with but little relief.

Early the next morning I was sent for in consultation, arriving there about noon, finding him in the condition described. Bladder greatly enlarged, hard and resisting, percussion very dull and bowels so tender as to scarcely bear percussion. I made an ineffectual effort to introduce an ordinary-sized catheter, then used a very small catheter, and after much difficulty, passed it through the stricture; still no water passed, but a few shreds and clots of blood. The patient could make a little water by getting over stool, and evenly rubbing with his hands over the enlargement and pressing downward could press through the penis a little water, and all that passed was entirely unmixed with blood. Introduced a bougie, expecting shortly to introduce a larger one, and thereby relieve stricture, but he could not bear it. We used hot applications, such as hot cloths, poultices and hot hip-baths, using some opiates to relieve excessive pain; also endeavored to move his bowels, which were well-nigh congested, it being some two days before his bowels moved at all, hoping that would relieve him some, but it amounted to nothing, so far as relief was concerned. Finding no relief and no indications of improvement, Dr. J. was sent for in trio-consultation. On arriving and examining patient, he found such a combination of diseases that, like the rest of us, he was stumped. He was an old physician and of very great experience, but said he had

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never met with such a case; he did nothing more than was being done. Then Dr. C. was sent for, another old and experienced physician; his report being the same as ours—never having met with such.

After five or six days he made water pretty freely, and without any difficulty, always untinged with blood; still the large, hard condition of the bladder remained. He was kept on the supporting treatment, hoping to hold up the system until absorption might carry it off, but the whole system gradually and slowly gave way, until he succumbed to the disease, suffering to the last; his mind being clear.

After the fourth day I saw him no more; though his family physician remained with him until he died, which was on the seventeenth day.

I would like to know what this disease was? What the cause, and what could be done in such a case, with bladder full of clotted blood, stricture of neck of bladder, one of the worst cases of hemorrhoids, and excessive obstinacy of the bowels—would like to know if any one has ever met with such a case? The BRIEF is to give and get help.

I desire to know some reliable remedy for sick-headache or nervous-headache, as I find it amounts to the same. I find so much of it of late years. Why so much more common now than twenty to forty years ago? Especially among females—even little children are subject to it. I find it very hard to cure. With the most of patients, for temporary relief, I find bromide potassium, ten to twenty grains, with one-quarter or one-third grain morphine, gives most satisfaction, but I do not like to use the opiate.

Also, give a cure for what is commonly know as "courage bumps," common to a great many young persons, male and female, passing into man and womanhood, especially to those of a sanguine temperament. They are very troublesome and vexatious, and especially so to young girls who pride themselves on their personal appearance.

Also, a remedy for eczema, or humid tetter. I see a difference of opinion among the M. D.'s of the BRIEF respecting tetter and eczema—some say they are the same, others, that they are different diseases.

My mother, in all the latter part of her life, was greatly troubled with what was called, then, tetter of the hands. Her hands would often become perfectly raw and swollen so she could do no work for some time. I never had it on my hands, but for many years I have been greatly troubled with it on my feet, especially between my toes, and now two of my children are troubled and annoyed with it on their feet and toes. Thus it becomes hereditary. Sometimes I will go for weeks or months without it troubling me at all. I also have it or the itching piles of the fundament. I asked this question once before and received many remedies, both through the BRIEF and privately, though I do not know that any did me good. I would like a good remedy, more on my children's account than my own.

The question has been raised in the BRIEF respecting the prevalence of consumption among the negroes, compared with before the war. I find, in my practice, a great deal more of it now than preceding the war, why, I can not tell, though my experience is that it is confined almost entirely to those who have streaks of white men's blood in them.

Dr. Smoot—Bear's foot is all that is claimed for it.

Dr. Kelly—I must blister in pneumonia; your other treatment is good.

Dr. Brunner—Your advice to young physicians is good. You struck the right key on "sure cure."

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Quinine a non-oxytocic—I use it as freely in pregnancy as in any other case. I never saw any bad effects, given in all kinds of doses.

Incontinence of urine, especially bed-wetting, very troublesome; give a good remedy. L. J. SHERRILL, M. D.

Vineton, Ala.

[For the Brief.]

Eclampsia.

EDITOR MEDICAL BRIEF:—Again I will write an article upon a subject that I never see in the columns of the BRIEF, and I would like to hear from some scientific gynæcologist upon the subject of the treatment of eclampsia (acute epilepsy). This is, on the whole, an infrequent affliction, one in one thousand pregnancies may occur in the last two or three months of pregnancy, but much more frequently during delivery, and especially in the periods of dilitation and expulsion. Primipara are more exposed to the disease—about seventy-five in one hundred cases. Generally robust, sanguine young women or extremely nervous females are, as a general rule, much more liable to this affliction (eclampsia) than older women. Multipara, who have had some nervous affection at times, manifest a peculiar predisposition to its development.

Eclampsia may suddenly develop by a certain prodramata, especially under peculiar circumstances; for instance, if preceeded by a nervous cephalalgia, pains in the epigastrium, or in the cervix of the uterus, a dull feeling or languor of a neuralgic character in the lower extremities, confusion of the ideas, illusions of the senses, etc. Many times œdema develops, especially in the labia majora and around the malleoli; if the urine contains albumen, or any portion of the blood clot shows the presence of carbonate of ammonia, then there is reason to fear an attack of the much dreaded disease called eclampsia. In advance of any analysis of the blood, the symptoms of an attack of eclampsia most always present the same line of prognostic signs as epilepsy. The convulsion may last from five minutes to half an hour, which is generally followed by coma. And the coma may even last for days, until the functions of special sense are finally restored. Memory is always more or less affected. Most all these cases do not even conjecture or know they have been confined, and will not even recognize their offspring. Such are the facts in a case I was called to wait upon, in the edge of San Diego County, this State. There was no trace of labor pains during the paroxysm, and now to-day is the thirtieth day since this woman was confined; and she even does not know her own husband, and denies to me she was ever married; she told me a short time since that she was never pregnant. She has forgotten her own name; still at times she is perfectly sane, then she will be in a kind of sleep and notices no one.

I will write more about this singular case when I get through with it, and then I will write it up more in detail, but at present I have not time to write more upon this subject.

Colton, Cal. H. F. ADAMS, M. D.

[For the Brief.]

Quinine an Oxytocic.

EDITOR MEDICAL BRIEF:—In my article, in January number, on the above subject, I desire to make a correction: At the end of fourth line from bottom of article where "ten months' gestation" occurs please correct in your copies to "seven months." Such protracted gestation as ten months is almost impossible as far as my experience has gone.

J. C. TURNIPSEED, M. D.

Hampton, Ga.

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[For the Brief.]

Comments on Dr. Taylor's Cases.

EDITOR MEDICAL BRIEF:—January is an interesting month in some respects. It is the beginning of new things. The doctor, as well as other business men, aims to settle up his business, collect his bills, etc., during this month, and commence the new year with a clean balance sheet. He aims to do this, I say, but the tardy responses by his patrons to his "statement of indebtedness," sent to each of them during the early days of the month, causes him sometimes to lose faith in humanity, and faith in himself, and he reflects with sadness upon the truthfulness of the poet's sentiments, when he inscribed the lines:

"God and the doctor we alike adore
Only when in danger—not before;
The danger o'er, both are alike requited,
God is forgotten and the doctor slighted."

This communication is not intended as an infringement upon Dr. Cecil's "Ups and Downs of Country Practice." Go on, Bro. C., we are all interested in you and the black bovine.

My object in addressing the BRIEF at this time, is to notice Dr. K. Taylor's communication in the January number of the BRIEF (page 86), where he makes mention of two obstetrical cases which recently came under his management, it being his desire, therein expressed, that his brother practitioners — readers of your valuable journal—shall criticise the modes and means of management and treatment adopted in each case.

In case No. 1, after the delivery of the child and the supervention of severe hemorrhage, Dr. Taylor states that the question arose in his mind, whether to arrest the hemorrhage before or after the removal of the placenta, and, concerning this, he desires the opinion of the profession.

There certainly should have been no question concerning the thing to be accomplished at this juncture. The presence of the placenta in the uterus at this time, undoubtedly furnished the cause of the hemorrhage, and until that should be expelled and firm contraction of the womb induced, there was no hope of controlling the hemorrhage. In attempting to deliver the placenta, the doctor says, he commenced using "a little traction" on the cord, when it parted, leaving the placenta in the uterus; and, upon making a digital examination, it was discovered that there was an hour-glass contraction of the internal os uteri closing the mouth of the womb, which rendered it necessary for him to introduce his hand into the cavity of that organ to accomplish the delivery of the placenta. Is it not a little strange that the umbilical cord of so healthy and well nourished a child as the one in question, should so much resemble a "rotten piece of twine," and break when a little traction was made thereon? Is it not probable that the "little traction" upon the cord, which caused it to sever, was sufficient to excite the internal os uteri o ntract, thereby producing the hour-glass contraction which the doctor discovered after he had broken the cord?

There is a means at our command to deliver the placenta, which is far better than the old method of traction on the cord, and, had such means been made use of in the case, in my judgment there would have been more satisfactory results, and the act of inserting the hand into the cavity of the uterus rendered unnecessary. The mode to which I refer is that of "expression." This method is easy of accomplishment, and any accoucheur once employing it, would never make use of any other, and I have no doubt that, with the exception of an absolutely adherent placenta, the operation is sure of success in nearly, if not all cases.

The mode of accomplishing "expression" is laid down in all the recent works on obstetrics. The operator

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should grasp the fundus in the palm of the left hand, pressing the ulnar portion of the hand well down behind it, and when a contraction of this portion of the womb is felt—and this manipulation will generally produce one immediately—very firm pressure should be made backwards and downwards, when the placental mass will pass out of the womb into the vaginal canal and away from the patient. During this process the cord should be grasped with the right hand, but no more traction should be used than is sufficient to bring the placenta through the vaginal canal after it has been expressed from the womb.

The liberty you allowed your patient, doctor, while she was suffering with the hemorrhage above referred to—that of being lifted in the upright position on to a chamber—was well calculated, as the sequel proved, to augment the serious symptoms. A physician at the bedside of his parturient patient should command the situation, and should never allow her to perform an act that involves a risk to herself in any way. He is thus her guardian for the time being, and not only hers but the guardian of his own reputation.

As regards the management of case No. 2, there is but little to be said concerning it. The case is a primipara. It is stated that the pelvic opening was a little contracted, the child an unusually large one, and its weight would certainly corroborate that statement. The doctor says that labor progressed naturally and favorably until the head of the child entered the inferior strait, when it became "wedged between the bones," and in order to hasten its birth, large doses of ergot were employed, when after a lapse of time—we are not told how long—the labor was completed, the child being still-born.

The administration of large doses of ergot was certainly the most unfortunate course that could have been pursued, there being three conditions present which strongly contra-indicated its use, to wit: the partially contracted pelvic opening, the large head of the child, and the patient being a primipara. It is one of the cardinal principles of midwifery that ergot should never be used before delivery, unless the absence of all obstacles to rapid delivery can be assured.

The pains produced by ergot are different from those of natural labor, the contractions of the uterus being tonic instead of clonic, which necessarily must interfere with the utero-placental circulation, to such a degree—where large doses are employed—that, unless the labor is speedily terminated, a still-born child is the result.

If this case had been left entirely to nature, the probabilities of a living child would have been increased four-fold. But better than this would have been the application of and delivery with forceps about the time the large doses of ergot were commenced. The forceps operation, when the head of the child is low in the pelvis, is easy of accomplishment, and ought to be employed in many cases where ergot or some other means is made use of to complete the second stage of labor. L. A. Ferry, M. D.

Eureka, Ill.

[For the Brief.]

Sore Nipples—Dysentery.

Editor Medical Brief:—The following is a sure cure for sore nipples:

R. Pulv. Gum Acaciæ, q. s.
Apply ad lib.

I have successfully used the following for dysentery:

R. Iodoform.....10 grains.
Pulv. Opii.....10 grains.

M. ft. pil. No. 10. Sig.: One every two hours, unless asleep.

New York. Dr. J.

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The MEDICAL BRIEF.

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[For the Brief.]

Obstetrical Criticism.

EDITOR MEDICAL BRIEF:—Our young brother, Dr. K. Taylor, of Slanesville, W. Va., asks us to criticise his two cases, reported in January BRIEF. I do so, plainly but kindly, with best of motives. In the first case I will just refer the readers to the article on traction upon the cord during third stage of labor, by Dr. Wesley Davis of Massachusetts, on page 79, and if they will read the article, and practice the method there described, I believe many lives will be saved thereby. As to Dr. Taylor, I think his whole course was at fault. In the first I would not have given ergot at all, unless the uterine contractions were becoming weak and ineffectual, but in order to rest and recuperate my patient, I would have given an anæsthetic:

℞ Chloroform.....1 ounce.
Sulph. Ether.....1 ounce.
Alcohol.....½ ounce.
M. Sig.: Inhale to partial anæsthesia.

Which would not only have relieved patient but relaxed perineum, and then I should not have been in too great a hurry, but waited for nature to do the work, which she surely would have done in a few hours, and then, doctor, you would not have become excited and pulled the cord in two, and then, again, you would have been saved the mortification of having to appeal to the family, who knew, I'll venture, no more about the case than they did of the birth of the oldest Egyptian mummy, and you would have been master of the situation.

In the second case, you do not state how long your patient had been in labor, but simply state that she was a primipara, and that you gave heroic doses of ergot, and that the child was dead. Now, doctor, did it never occur to you that you could kill a child by driving it against a rigid perineum, or if you forced it over with your ergot, you might rupture the same? And did you never hear of a ruptured womb? To sum it all up, doctor, lay in a greater supply of brave patience and less ergot.

A. R. SHADDEN, M. D.
Mulberry, Tenn.

[For the Brief.]

Masturbation.

EDITOR MEDICAL BRIEF:—There is a vice, a monster so hideous in mien, so disgusting in feature, altogether so beastly and loathsome, that in very shame and cowardice, it hides its head by day and, vampire-like, sucks the very life-blood from its victims by night, and it may perhaps commit more direct ravages upon the strength and reason of its victims than even intemperance; and that vice is—masturbation or self-abuse.

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One would fain be spared the sickening task of dealing with this disgusting subject; but as he who would exterminate the wild beasts that ravage his fields, must not fear to enter their dark and noisome dens and drag them out of their lair, so he, who would rid humanity of a pest, must not shrink from dragging it from its hiding-places to perish in the light of day. If men deified him who delivered Lerna from its hydra, and canonized him who rid Ireland of its serpents, what should they do for one who could extirpate this monster vice? What is the ravage of fields, the slaughter of flocks, or even the poison of serpents, compared with that pollution of body and soul, that utter extinction of reason, and that degradation of beings, made in God's image, to a condition which it would be an insult to the animals to call beastly, and which is so often the consequence of excessive indulgence in this vice? It can not be that such loathsome wrecks of humanity as men and women reduced to driveling idiocy by this cause, should be permitted to float upon the tide of life without some useful purpose, and the only one we can conceive, is that of awful beacons to make others avoid, as they would eschew moral pollution and death, the course which leads to such ruin.

This may seem extravagant language, but there can be no exaggeration, for there can be no adequate description even of the horrible condition to which men and women are reduced by this practice. There are some who not long ago were considered young gentlemen and ladies, but who are now moping idiots, idiots of the lowest kind—lost to all reason, to all moral sense, to all shame—idiots who have but one thought, one wish, one passion, and that is, the further indulgence in the habit which has loosened the silver cord even in their early youth, which has already wasted, and, as it were, dissolved the fibrous part of their bodies and utterly extinguished their minds.

In such extreme cases there is nothing left to appeal to, absolutely less than there is in dogs and horses, for these may be acted upon by fear of punishment; but these poor creatures are beyond all fear and all hope, and they cumber the earth awhile, living masses of corruption.

If only such lost and helpless wretches existed, it would be a duty to cover them charitably up with the vail of concealment, and hide them from the public eye as things too hideous to be seen; but, alas! they are only the unfortunate members of a large class. They have sunk down into the abyss toward which thousands are tending. The vice which has shorn these poor creatures of the fairest attributes of humanity is acting upon others, in a less degree indeed, but still most injuriously, enervating the body, weakening the mind, and polluting the soul.

A knowledge of the extent to which this vice prevails, would astonish and shock many. It is indeed a pestilence which walketh in darkness, because, while it saps and weakens all the higher qualities of the mind, it so strengthens low cunning and deceit, that the victim goes on in his habit unsuspected, until arrested by some one whose practiced eye reads his sin in the very means which he takes to conceal it, or until all sense of shame is forever lost in the night of idiocy with which his day so early closes. A. J. Wilkinson, M. D.
Dukedom, Tenn.

(To be continued.)

[For the Brief.]

Obstetrical.

Editor Medical Brief:—In January, 1885, Brief, and under head "Obstetrical," I read with interest the reports of the cases under care of K. Taylor, M. D., of Slanesville, W. Va., and

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fully appreciating the dilemma of my old friend, I will give my advice for what it is worth, as I have had some experience.

Case 1. I should not have given the ergot unless there was considerable diminution of the pain, but should have reserved it until the head of the child was delivered, and for the following reason: The action of the ergot while the head was in the lower strait caused too violent and rapid contraction of the uterus, and thereby causing a partial paralysis of that member just at the time that we wanted and needed the contractile powers of the womb to act in unison. My rule is to give the ergot just as the head of the child is delivered, and have never had any bad results since I have adopted this measure, as its action comes on just in time for the contraction of the womb after the child has been delivered. I never make traction on the cord, as I had the same accident happen several years ago (breaking of the cord), and now only use the cord as a guide, and if the pulse does not indicate post-partum hemorrhage I seize the placenta with my thumb and forefinger and deliver it with the usual rotary motion. If the pulse should indicate hemorrhage I allow the placenta to remain and make it assist me in controlling the hemorrhage, it acting as a plug. I never allow my patients to leave the recumbent position under any circumstance for two hours, in the most favorable cases.

Case 2. I should have used the forceps, as that is the only hope of delivering the child alive, before the brain becomes congested.

I know these are old facts, but as they have always befriended me, I hope they may be the means of refreshing the memories of some of my medical brethren, and perhaps save the life of some fellow creature. W. H. HARDISON, M. D. Creswell, N. C.

[For the Brief.]

Obstetrical.

EDITOR MEDICAL BRIEF:—Dr. K. Taylor, Slanesville, W. Va., presents to the readers of the BRIEF two cases of obstetrics that came under his management, and asks for the criticism of the profession in regard to the course pursued by him in each case. I will not at present discuss the points of interest attached to his second case, neither would I attempt criticism of the other, were it not for the fact that so many of our physicians all over the country have failed, I believe, to arrive at a full understanding of what nature intends, and what they themselves are expected to do to assist nature in the accomplishment of her great work. As the doctor has invited criticism of his work, I will attempt it, with the kindest feeling in the world, and with no desire except to benefit the profession, at least some of them:

It seems, that after the completion of the second stage and "waiting a few minutes," his attention was attracted to the mother, and on examination discovered a terrible flooding. The question then arose in the doctor's mind whether to attempt to arrest this alarming loss of blood before or after removing the placenta, and on this particular point asks the opinion of the profession. I answer unhesitatingly, the uterus should be emptied of its contents as soon as possible, and in doing this the doctor in this very case secured a firm contraction and saved the life of his patient, but after some delay.

Proceeding to remove the placenta, the doctor says he used a "little traction with the cord," and it broke off! leaving the doctor in a worse dilemma, as he thought, than ever, with absolutely nothing to pull upon! But following up the subject, he found an hour-glass contraction, with "the mouth closed as tight as possible." He then admits that

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his patient's life was "hanging on a thread," but after allowing her to be raised up over a chamber, during which time she fainted, he having no other alternative, proceeded to expand the mouth of the womb with his fingers, introduced his hand into the uterus and removed the placenta "by force." He says after he had completed this job the patient wanted to be let alone.

Now, here was a case in the hands of a physician, who admits that his patient had been in labor ten or twelve hours, and was considerably exhausted when the child was born, a very large one, weighing fourteen pounds; consequently there must have been considerable relaxation of the muscular fibers of the uterine walls, with a spasmodic contraction of the os, constituting what is known as hour-glass contraction — a condition most favorable to post partum hemorrhage. What was the doctor doing during those few minutes he "waited," just after the delivery of the child? Does he tell us he had his hand on the abdomen immediately after the fœtus was expelled, in order to see that the womb was contracting firmly? I think if he had done this, exercising gentle friction, if necessary, he would have had little or no hemorrhage.

Besides this, no doctor has any business to pull on the cord to assist in the delivery of the placenta, and I think it was lucky for the woman it broke, as this left the doctor, as he says, with no alternative but to introduce his hand; and this stimulated the womb to contract firmly and close up the open mouths of the uterine sinuses, and effectually stop the hemorrhage, whereas, if it had been pulled away some portion of the placenta or membranes would probably have remained, and the flooding would have continued.

But was this really the only alternative? I do not deny the necessity of such treatment at all, and perhaps, in this particular case, was the best thing to do, and do not criticise the doctor's action for his timely interference, but was he not too slow? Ought he to have allowed her to be raised up? These questions are, of course, useless, but the particular point I wish to emphasize is, that the placenta should be expelled from the uterus by a *vis a tergo*, and not drawn out by a *vis a fronte*. This statement embodies the teachings of Credè, Playfair and others, and, when properly applied in practice, is one of our most powerful safeguards against post partum hemorrhage, septicæmia, etc., to say nothing of the comfort it affords patients by the prevention of after-pains.

When I began to study this question I did not believe that "placental expression" by the so-called Credè method was at all practical, but after a little practice, and learning the "knack," as it were, I had no difficulty in removing the placenta in this way; and I may safely assert, that in a large village and country practice, extending over a period of seven or eight years, I have not had a single case of post partum hemorrhage—not even a single one that came immediately under my own management from the beginning of labor.

The trouble is, our doctors study the second stage too much, to the neglect of this most vitally important of all periods of labor, the third stage. Every doctor ought to read *Playfair's chapter on "Hemorrhage after Delivery." Also, his directions for the management of the third stage.

Homer, Ga. V. D. LOCKHART, M. D.

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* Playfair on Midwifery is a most excellent work and should be in the library of every physician. We can supply the work, for cloth, $4.00; leather, $5.00, post-paid.—ED.

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[For the Brief.]

Formality—Theory.

EDITOR MEDICAL BRIEF:—Once upon a time I knew a young man who graduated in a medical college. It was not for knowledge in materia medica, nor erudition in pathology that the faculty granted him a sheepskin, but more for his good demeanor, and diligence in trying to learn the seemingly incomprehensible technicalities in the study of medicine. He wore good clothes and a tall beaver hat, walked with a professional air, could feel a patient's pulse with as much dignity as Æsculapius himself.

He made it a point to get him a watch to time his patients' pulse; a stethoscope to discover any bronchial rale, or heart regurgitant sound; a thermometer to mark the temperature, though he often forgot himself what the normal temperature was; a hypodermic syringe that he would use on almost all occasions, and thus equipped he went forth in the world to war with the ravages of disease, and rescue, if possible, the defenseless victim from the hands of the remorseless master, Death. To see that man get out all of his instruments, which he invariably carried in his pocket, string them out upon a table, beginning with his tongue depressor, then his thermometer, next his stethoscope, and next his hypodermic syringe, then back to his stethoscope to make the impression that he was very exact, that the case was a grave one, and needed to be handled with skill, to ever recover. After thus manipulating his instruments he would draw from his pocket a nicely finished medicine case, take out a vial of aconite, the dose of which he never forgot, because of its violent toxic effect, drop a few drops in a glass of water, give directions how it should be taken, and take his leave. I say, to see this young M. D. go through this series of pretended skillful examination, would impress the most of the laity that he was the very soul of learning—the embodiment of medical knowledge.

To pronounce with ease that muscle whose name is longer than the muscle itself, was the fostered height of his ambition. To articulate with distinctness the technical names of some half dozen medical plants, was the extent of his therapeutical knowledge.

How many young M. D.'s to-day are given to such formality, it would be hard to say. Another great failing with many young physicians is, credulity. They seem to swallow with as much relish any medical hypothesis, or highly attenuated theory, as they did the whale and Jonah tale, which they were taught to believe without questioning, ere they were loosed from their mothers' apron strings.

It has been said, by a certain great author, that skepticism in the beginning aids investigation, after which it is aided by it.

In college, during a lecture, we were often admonished to make a note of a certain point, which the boys all did with scrupulous exactness, but, in after practice, when I thought I had occasion to make use of that point, I found it more often failed than succeeded. Certain agents were extolled for their specific influence over certain pathological conditions; this and that measure were said to be a sure preventive for certain epidemic diseases, and, really, to hear these points in a lecture or see them in print, they appear so plain as to instill an undue allowance of self-confidence in the mind of the young M. D.

I do not desire to cast any reflections upon the manner in which students are taught in our medical colleges, but I do think that the spirit of criticism in medicine should be tolerated to a greater extent than it is in our colleges and medical literature of to-day.

There are a great many things taught as facts, instead of theories, which the

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young physician learns ere he has had any great experience as a practitioner.

Perhaps the reason medicine is not taught more as being theoretical than scientific is, that it would be too great a concession to ignorance on the part of the learned professor.

We never hear it refuted that twice two make four, or that a straight line is the shortest distance between two points, and until medicine is reduced to such facts, it can never be called a science; and there will be Kochs, Pasteurs and microbes until the end of time. I will admit these men are doing a very good work in their line, but when human life is in jeopardy there is no time to spare hunting up rabbits and frogs to see what effect a certain virus will have when injected into the veins and arteries of their miniature organizations.

Senoia, Ga. R. T. HILLMAN, M. D.

[For the Brief.]

The Madstone.

EDITOR MEDICAL BRIEF: — I would like to ask the many readers of the BRIEF, if they know of any standard or recognized author of medical literature that advises or even recommends the so-called madstone, either as a preventive or cure for hydrophobia? I have examined a great many authors on the subject of hydrophobia, and I find that they are silent as regards the madstone. Prof. Bartholow, however, in his work on practice, edition of 1880, page 843, says: "It needs hardly be stated that the madstone, whose virtues are firmly held by many, is a purely imaginary remedy." "And of the large number bitten very few have hydrophobia." I also find that other standard authors condemn alike all specifics for the cure of hydrophobia, be they either from the animal, vegetable or mineral kingdom. Yet I find there is a strong popular feeling existing among the laity that highly lauds the virtues of the madstone, and occasionally a physician is met with doing the same, but they are greatly in the minority.

Now, it does seem to me, if there are such virtues in the madstone as are claimed for it, why is it that medical science has not recognized it long ago? Surely anything that would even give us a promise of success (in a disease where the tendency to death is so great as in hydrophobia), would be hailed with delight by every medical man, no matter how seemingly ridiculous or simple the remedy might be.

I find that a great many of our standard authors on the subject quote from "Youatt on the Dog," and recognize him as authority. I have quite recently procured a copy of Mr. Youatt's book, and I find that he is also silent as regards the madstone. I also find, upon investigation and inquiry, that the stories about the madstone are various as regards its size and shape, and as from where it is obtained, and also in regard to its many virtues.

Some say it is solid, others that it is porous, and others contend that it is like a ball of hair matted together. In regard to its origin, some contend it is found in the stomach of the cow or ox, others that it is found in the head of the sheep, and others that it is found in the heart of the white deer.

In regard to its many virtues, some contend it will adhere to any wound made by a rabid or poisonous animal, while others contend that it will adhere to no wound only that made by a rabid dog.

About a year ago, in talking with an old man, he told me he had owned a madstone for over twenty years; he said he had never had an opportunity to use it on a wound made by a mad dog, but that he had frequently applied it to "snake bites," that the stone absorbed the poison (how did he know that the stone absorbed the poison?), but would

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not adhere to the wound. About two months ago, in conversation with a gentleman, he told me that his grandfather owned a madstone about the size of a goose egg, and that the stone would adhere to a wound made by a rabid dog, and also to any wound made by a poisonous reptile; that on one occasion "it was placed on a wound made by a copper-head snake, and that it drew so hard that the stone was bursted in two." That snake surely must have emitted a vast amount of poison! I believe, however, it is generally claimed that if the wound is inflicted by a rabid dog, the stone will adhere until it is so full of the poison that it falls off of its own accord, and then it is to be thoroughly cleansed in milk and warm water and again applied, and so on until it ceases to adhere to the wound. If, however, the stone does not adhere to the wound at all, then it is evident there is none of the poison in the system and that the wound was not inflicted by a rabid dog.

Now, is it not owing to this theory that the madstone has so many advocates? For instance, a person is supposed to have been bitten by a mad dog, the stone is applied to the wound, it adheres and the person never has hydrophobia, and the madstone gets the credit and its virtues are lauded far and wide. But suppose the stone is applied and it does not adhere, then what—why, another boom for the madstone, as it indicates there is no poison in the system or else the dog was not mad. But suppose the stone is applied and it adhered to the wound, yet after some time the person really had hydrophobia and died, then what—why, simply, the case was never reported. We all know that it is almost invariably a fact that it is our success, and not our failure, with a remedy or line of treatment, that is reported and perpetuated.

Even if the so-called madstone does adhere to a wound I can see nothing remarkable in it. My conclusion is that the madstone, or any other stone of a light, porous body, would adhere to any wound under certain circumstances or conditions, especially if the wound was discharging pus or a tenacious serous fluid, and it is perhaps owing to this condition, more than to any other circumstance, that the so-called madstone has become so popular among the ignorant and charlatans.

I am satisfied that the madstone is a myth, that it has nothing to recommend it, and that Prof. Bartholow's ideas in regard to it are correct; if it has any virtues they are purely imaginary.

FRANK M. JONES, M. D.
Strong City, Kas.

[For the Brief.]

Favorite Recipes.

EDITOR MEDICAL BRIEF:—Every physician, after a few years of active practice, is sure to discover remedies that he has great faith in, as curative agents, when applied to the treatment of diseases that he may be called upon to treat. I have a few favorite recipes that have stood the test of seventeen years in an unusually large practice. For congestive dysmenorrhea attended with reflex headaches, I find the following formula almost a specific:

R. Ergotine.....90 grains.
Ext. Belladon. (solid).... 6 grains.
Pulv. Cantharides..... 6 grains.
Ext. Nucis Vom.....10 grains.
M. ft. capsules 30. Sig.: One an hour after meals.

Commence the capsules ten days before the period, in fact, I generally give the agent right along for three months, and in many cases it accomplishes a permanent cure.

For pruritus of the anus or vulva, the readers of the BRIEF will appreciate and never lay aside:

R. Salicyl. Sodæ.....3 drachms.
Boracic Acid.....3 drachms.
Balsam Peru.....1 ounce.
Ung. Basilicon.....1 ounce.
Mix well.

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For itching of the vulva, apply thoroughly to vaginal walls, on small piece of surgeon's cotton, large enough to keep vaginal walls separated; have your patient use a very hot douche first. Apply on cotton to anus also; the cotton will remain in position nicely, especially on fleshy subjects. This will cure a great many cases of chronic eczema on any portion of the body.

For crabs (pediculis pubis), here is an elegant and effective prescription I have used for years. I know of several cases that were badly salivated by the use of mercurial and citrine ointments; one poor delicate little woman losing all her front teeth, the M. D. assuring her that it was very simple:

R. Hyd. Corros. Sub.....14 grains.
Amm. Mur..... 1 drachm.
Glycerine.....30 drops.
Sodæ Bi-borat..... 3 drachms.
Aquæ Rosæ, q s. ad.... 8 ounces.

M. ft. lotion. Sig.: Apply with a soft cloth, twice a day, for five minutes.

This lotion will also kill the head louse (pediculis capitis). Two or three applications will remove dandruff; diluted one-half is useful in acne, and diluted one-fourth an elegant and prompt injection in sub-acute gonorrhea, used twice a day.

I am clearing off badly furred tongues in the last few years without using drastic purgatives, with most excellent results, with the following:

R. Sal. Rochelle.....2 ounces.
Phos. Sodæ.....½ ounce.
Aquæ Dist. q. s.....6 ounces.

M. Sig.: Two teaspoonfuls before meals in a little water.

I am very much pleased with your BRIEF, it is improving every year. I am very sorry that I can not give you a specific for diphtheria, typhoid fever and so-called membranous croup; but I see by the pages of the BRIEF that some doctors cure every case. Poor, deluded creatures, in a few years they will awaken to the realization of the fact that we are all poor "creeturs," and see their antidotes and cureals amount to nil, and exclaim with your humble servant: "Oh, why should the spirit of mortal be proud?" A. V. BANES, M. D.
St. Joseph, Mo.

[For the Brief.]

Criticism.

EDITOR MEDICAL BRIEF:—In January BRIEF, on page thirty-six, is an article entitled "Obstetrical," from the pen of K. Taylor, M. D., of Slanesville, W. Va. Dr. Taylor wishes to be criticised on his management of the two cases referred to in that article. I know that reading of a case and being in charge of it is quite different. I might not treat a case the same after a physical examination as I would advise another to treat it, after hearing its history. But making due allowance for all these things, I will say that the difference in Dr. Taylor's opinion and management and my own in these two cases, is as follows: In first case, I should have preferred the forceps instead of the ergot, for the following reasons:

1. The head was already in the vaginal canal, and the forceps could, therefore, have been easily applied without risk of injuring either mother or child, and a delivery could probably have been effected in a few minutes, whereas delivery was not effected by the use of ergot until the expiration of an hour.

2. I consider it a dangerous practice to administer ergot before delivery (except it be during the last three or four pains), for fear of interfering with the placental circulation by the tonic contractions of the uterus, which that drug produces.

A true oxytocic is one that produces clonic contractions of uterus, and in this way imitates nature, so that in the intervals between the contractions the placental circulation will become completely restored, and the child saved from asphyxia. The reverse of this is

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true of ergot as an oxytocic. Of course, many children are born alive and do well even after incurring this risk, but if one in twenty should loose its life on account of ergot being given to the mother before birth, I deem it a sufficient reason for avoiding its use as an oxytocic in all cases, especially when we have other drugs that are far more efficient and perfectly safe to both mother and child. But in this case it seems better that the doctor used ergot (an exception to the rule), on account of flooding commencing so soon after delivery, which might not otherwise have been so easily controlled. But it was not to prevent the flooding that he gave it, but to hasten delivery. Hence, the criticism on this point. If I had good reason to fear flooding I, too, would give ergot before delivery, but not until in my opinion it would not be more than fifteen minutes before the birth of child.

Bro. Taylor wishes to know if it would be better to arrest the hemorrhage before or after removal of placenta. In my opinion it would be better to deliver placenta first, if it could be done easily and quickly, but if it would require considerable force and several minutes of time while the woman was flooding rapidly, I would advise measures to arrest hemorrhage first.

I never allow a patient to assume the upright position immediately after delivery, especially during post partum hemorrhage, as this lady did. I would have said "No' to every entreaty of patient and family on that score.

The doctor speaks of an hour-glass contraction of the os uteri in this case. Now, either I do not understand the nature of hour-glass contraction, or the doctor has made a mistake in his statement. As I understand hour-glass contraction, it is a contraction in the body of womb somewhere between the external os and fundus, dividing the uterine cavity into an upper and lower apartment. The contraction he speaks of was, no doubt, the effect of the ergot previously administered. Ergot causes as much contraction of the os as it does of the fundus, and that of a tonic nature, which is another reason why it should not be used as an oxytocic.

In the second case, I also would have preferred the forceps instead of the ergot, for same reasons as in first case. He says the death of the child in this case seems(on account of long continued pressure of head) to have been caused by congestion of brain. But it seems much more probable to me that death was caused by the effects of ergot, in the way already explained in my remarks on his first case. I also invite criticism of my opinion in regard to the use of ergot.

J. W. CARRYER, M. D.
Sticklerville, Mo.

[For the Brief].

Bilious Colic—Diarrhea.

EDITOR MEDICAL BRIEF:—In looking over the BRIEF, I find many good formulæ, but please accept one or two from me, which I have used with great results, and I desire to give the toiling brothers of the healing art the benefit of them, and hope they will have the same success that I have had:

FOR BILIOUS COLIC.

R. Chloroform.....½ ounce.
Tinct. Opii.....½ ounce.
Tinct. Camph.....½ ounce.
Spt. Ammoniæ.....½ ounce.
Ol. Cinnamo.....20 drops.
French Brandy.....2 ounces.

M. Sig.: Teaspoonful every hour until relieved.

DIARRHEA MIXTURE FOR CHILDREN.

R. Loaf Sugar.....½ ounce.
Acacia Pulv.....½ ounce.
Cret. Prep.....½ ounce.
Spt. Lavender .....½ ounce.
Paregoric .....½ ounce.
Aquæ q. s. add.....8 ounces.

M. Sig.: One teaspoonful every four or five hours to a child one year and upwards.

Will some M. D. please give me his best remedy for whooping cough and itch? J. A. ROUNTREE, M. D.
Hartsell, Ala.

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Traction Upon the Cord During the Third Stage of Labor.

BY WESLEY DAVIS, M. D.

Having read, with much interest, the various articles in this journal upon the delivery of the placenta, and the method of conducting the third stage of labor, I am well aware that the recent teaching upon this subject favors the method of Credé, and ignores the cord entirely as a means of assistance. But having reason to believe that the cord is not so universally ignored in practice as we are led to believe by the various articles in the journals, I would like to make a few practical observations as to the method which, to me, seems proper, with some of the reasons for the same.

I am not unmindful of the fact that, in the light of recent literature upon the subject, it may be considered by many as taking a step backward to advocate traction upon the cord as a means of assisting the delivery of the placenta. But the object to be attained is the emptying of the uterus of its contents, that its contraction may be more perfect, and the greater the facility with which it can be accomplished, and at the same time with the least amount of manual interference, the better for the patient.

The introduction of the hand or any part of it into the vagina, and still more into the womb itself, and especially when there exist certain unfavorable surroundings, is a matter to be deprecated according to recent views as to the etiology of the various forms of metria.

The period immediately after the delivery of the child, before there has been time for the parts to recover themselves and take on tonic contraction, is above all others that most favorable for the easy expulsion of the secundines. The earlier this is accomplished, the more thorough and perfect the contraction that can be secured and the less the loss by hemorrhage, and consequently a lessening of the tendency to absorption from without, whether septic or not.

I am aware that many good authorities recommend letting the womb remain quiet for twenty minutes or more with the placenta inside, until the blood shall have time to coagulate in the uterine sinuses which have been torn open by the separation of the placenta. If this coagulation takes place, what becomes of the coagula when the womb contracts, and what possible after-effects may come from their decomposition or from their becoming loosened by the recurring after-pains, which it would seem but reasonable they might aggravate by their irritating presence, similar to clots in the uterine cavity?

Acting upon these views, it has been my constant practice, and I think with good results, certainly with a saving of at least half in time, which is of no small importance to the peace and comfort of the woman's mind who is so constantly harassed with anxiety lest there are adhesions, or may be hemorrhage, or something else wrong, until assured that all has been delivered, that she is through.

Briefly, the method is this: Placing the hand upon the abdomen, follow the uterus down as the child is delivered; when this is accomplished, never remove the hand from the abdomen, but continue by gentle friction to stimulate the uterus to contract, and when it is found in the act, by its increasing hardness, grasp it firmly with the hand already on the abdomen, and produce all the compression possible, at the same time pressing downward and backward, simulating the method of Credé as much as possible with one hand, at the same time with the other grasp the cord and make traction in the axis of the uterus as determined by the knowledge obtained by the relation of the two hands, watching carefully, and cease the traction upon the cord at the first evidence of

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relaxation in the womb, or just before. If the placenta is not delivered with the first effort, which it often is, continue the friction upon the abdomen as before, and repeat the compression and traction with each recurring pain; never allow the womb to be out of the hand until the placenta is delivered, except when fully realizing that there is peril to both patient and accoucheur by so doing; and never produce traction upon the cord except when the womb is in a state of contraction, as positively determined by the hand on the abdomen.

The child is cared for by the hand which makes traction upon the cord, is laid as much out of the way as the length of the cord will allow, and simply covered to protect it from cold, the cord not being tied until the placenta is delivered, unless in case of unusual delay.

Some of the advantages are a saving of time to the mother, which also means a saving in the amount of hemorrhage, then allowing the womb to contract immediately, thus closing the uterine sinuses before coagulation can have taken place in them, a less liability to post-partum hemorrhage in consequence, and less after-pain. There are no clots to be removed, and there is no necessity for carrying the hand into the vagina for that purpose, thus avoiding the possibility of carrying with it the germs of disease.

Traction thus applied acts upon the placenta as a compact body, and not locally upon the site of insertion of the cord until it has passed beyond the influence of the uterine contraction, then it readily becomes inverted, and is usually so delivered.

To the objection that there is danger of inverting the uterus, I do not hesitate to affirm that that is an impossibility by any traction which the cord will withstand while the womb is in a state of *contraction.*

The danger from traction upon the cord has been that it was wont to be made quite as much while the womb was relaxed as when contracted, no distinction being made. The patient was instructed to cough, to bear down, or was induced to sneeze by taking snuff, to make efforts at vomiting by a wisp of hair, a candle, or what not thrust into her throat, while the faithful self-constituted midwife held firmly to the cord with both hands lest it should get away, and passing up into the vagina be lost.

No one can doubt but that traction upon the cord during the intervals between the pains is dangerous, but during the contractions any amount of traction which the strength of the cord will allow is not only legitimate, but wise, and shortens this stage just in proportion to the amount of force used; and further, this method insures that careful and intelligent oversight of the condition of the womb during the third stage which is so valuable a feature in the method of Credé.

As a reason for my confidence in this method, I may say that, in over 1,350 cases since I have practiced it, I have not, to the best of my recollection, been called back to but a single case of post-partum hemorrhage. That was a case of twins, and after six days pain and hemorrhage coming on, I found the os distended with a mass of placental tissue unlike the fully developed placenta, but resembling one of two or three months. At the time of confinement, the placenta was examined as usual, and found to all appearances complete. There have been only two cases of flooding during the third stage previous to my leaving the patient, and in one of these, efforts to resuscitate a still-born child claimed my attention, and when at length I returned to the delivery of the secundines, found we were getting quite free hemorrhage. I will only add that it is an invariable

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custom to give a full dose of ergot as soon as the placenta is delivered, and watch the uterus carefully until it has had time to take effect.—*Am. Jour. Obstetrics.*

[For the Brief.]

Icteroid Fever.

EDITOR MEDICAL BRIEF:—In the December issue of the BRIEF, page 518, Dr. T. J. Bickley, of Gainesville, Ala., reports a fatal case of the above fever, which he calls "yellow disease," a name commonly given to it by the people where it prevails—but more commonly called by the profession, "hemorrhagic malarial fever," "miasmatic hæmaturia," and by many other names.

For a history of this fever, together with its etiology, symptoms, diagnosis, pathology, prognosis, treatment and prophylaxis, Dr. Bickley and others interested on this subject, are referred to the *Nashville Journal of Medicine and Surgery* for March, 1874, under the title of "Hemorrhagic Icteroid Fever," by the writer of this article.

Like some other forms of malarial fevers in this State, this particular fever has changed its features in many respects, it now being a continued fever, as much so as typhoid is a continued fever; consequently the treatment, now most successful, is different from that which acted so satisfactorily a decade ago. As the fever then manifested itself, it was strictly a paroxysmal fever, and it was so called by some writers. But it seems to have lost that paroxysmal character, as it is often ushered in without a chill or cold stage, and the frequently recurring paroxysms are now rarely observed as in former years. It is not controlled by quinine, as it certainly was a decade ago. Quinine now seems to be contra-indicated. The only benefit of quinine in the continued fevers of Texas is apparently due to its antipyretic property, for it certainly does not cut short the fever as it does in the pronounced remittents and intermittents as described by all the old authors, who relied upon quinine as a specific for all malarial fevers. They even made a differential diagnosis between the malarial and non-malarial fevers with quinine. If it cured, they diagnosed the fever malarial; if it failed, as it often did, it was called a horse of another color; while many modern authors satisfy themselves by calling it typho-malarial, when they might as well say it is a continued malarial fever over which this drug has not the same power it has over the paroxysmal fevers.

Having thoroughly satisfied myself that quinine is positively injurious in icteroid fever, as it now manifests itself, I have for a number of years abandoned it altogether in this disease. It is true that all of the cases will not recover under any treatment, but the treatment about to be described is so successful, but few, if any, who try it, will care to change it in hopes of something better. Part of the treatment was originated by Dr. Hamilton, of Rusk County, Tex., to whom credit has already been given in the BRIEF. The disease was exceedingly fatal in Rusk County until Dr. H. introduced his plan of treatment, which has proven quite successful, and remarkably so by the additional treatment now proposed.

Dr. Hamilton's treatment consists of only two remedies: a saturated solution of chlorate potassium, in twenty grain doses, alternated with one teaspoonful sweet spirits of nitre, a dose of either every two or three hours. Better results follow a line of treatment something like the following: If the temperature is very high, the pulse full, bold and strong, three drops of Norwood's veratrum should be given with the nitrous ether every hour or two as may seem necessary. If there is a flushed face, with high fever and much restlessness,

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five drops tincture gelsemium may be used instead of the veratrum. If the fever is of a low grade, as it usually is, one drop tincture aconite root should be used in preference to either the verat. or gelsem. When the symptoms indicate passive congestion, belladonna or atropia should be used in small and frequently repeated doses until there is no longer need of it. These sedatives are to be used in alternation with a saturated solution of the potassium chlorate, the repetition to be made as frequently as the condition of the patient may demand. In addition to these remedies, there is, perhaps, nothing better than willow-charcoal and cognac brandy, used freely until the hæmaturia is checked, or until the urine appears normal. The charcoal may be dropped into the brandy and then diluted and sweetened to suit the taste. Nothing seems to control the hæmaturia so promptly and perfectly. It is an excellent remedy, and who ever uses it once will be very likely to continue its use. Brandy has always been a favorite remedy with many practitioners to allay the nausea and vomiting and to prevent the frequent recurrence of the paroxysms in this fever.

Nothing has been intimated as yet in regard to purgatives. It is very difficult, after the disease makes its onset, to get the secretions of the liver established by direct treatment. I have known the repeated use of the most powerful purgatives fail to move the bowels. Nevertheless, it is regarded by those who have the largest and most successful experience in treating this fever, that an effort should be made to act upon the liver and bowels by a mercurial purge, or some other anti-bilious remedy, such as the improved cathartic pills, or a powder of ext. colocynth co., leptandrin, euonymine and podophyllin, to which a little powdered ext. hyoscyamus may be added. The purgative should be repeated every few hours until the bowels move freely. After this, they may be kept in a soluble condition.

As to the moderate use of morphia, or atropia—one or both, if indicated—there seems to be no reason for objection. Morphine often produces much ease and comfort after other measures have failed. It is best, however, to use it with some caution, as too freely used it might interfere with the urinary secretion, which sometimes becomes suppressed in spite of all remedies.

Dr. Markham, of Longview, Tex., informs me that he has cured a case or two of this disease by pilocarpine hypodermically. This may prove to be useful in this fever.

While I am closing this paper, little Mabel — beautiful, motherless little Mabel—aged nine years, is lying near by, in an almost hopeless condition with typhoid pneumonia—the ground is white and cold, and we are sadly thinking how soon she may be laid "under the snow." This frail child has had annual attacks of icteroid fever for five or six years, several attacks a year. It was upon her that I first noticed the ill effects of quinine, and every time it was given, it was followed by terrible rigors and hæmaturia. Immediately I put her upon the treatment outlined in this article, and she would be convalescing within twenty-four hours, sometimes sooner. I know several other children upon whom quinine seems to produce the same effects, who are readily relieved by the foregoing treatment. It seems to cure nearly all these cases with as much certainty as quinine cures simple intermittents. B. Frank Humphreys, M. D. Hawkins, Tex.

Constitutional Treatment of Syphilis.

When a patient presents himself for treatment he should be placed upon the following recipe (which *fully meets all*

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the indications), until the symptoms disappear, his appetite is improved, and a general feeling of vigor and activity exists:

R Hydrarg. Bi-chlor.....2 grains.
Iodia.....6 ounces.
M. Sig.: One teaspoonful after each meal.

IODIA is prepared by Battle & Co., St. Louis, and contains extracts from the green roots of stillingia, helonias, saxifraga and menispermum. Each fluid drachm contains five grains iod. potass. and three grains phosphate of iron. The tendency of the profession *is too much* towards discarding everything but mercury. I have often seen mercury alone, or combined with iod. potass. *fail to heal* secondary ulcerations, which *speedily disappear when* combined with vegetable alteratives. It is, therefore, best, to have the good effects of the *only* three *reliable remedies* at once, viz.: mercury, iodine and vegetable alteratives (which is obtained in the above prescription). —*Lectures on Venereal Diseases by W. T. Glenn, M. D., Professor of Anatomy and Venereal Diseases, Medical Department University (Nashville) Tennessee.*

[For the Brief.]

Hard to Yield.

EDITOR MEDICAL BRIEF:—I desire to report the following case to your many readers, not because it is new, but on account of it being hard to yield to medical treatment. If any M. D. will favor me with a treatment that will be curative and not palliative, I will be very grateful to him.

Mr. W., age fifty-eight, was attacked last April with pain in the stomach and vomiting, the pain in the stomach continued after vomiting ceased, then he began to suffer with difficult breathing and ascites followed, also œdema of feet and legs.

At this juncture, Dr. J., of Cartersville, was called, and treated this case during the months of June, July and August; about the last of August the swelling left him, but pain in stomach continued. By October 1st, shortness of breath returned and he began to fill up again, since which time he has slept but little, appetite poor, tongue slightly coated with white fur mostly on the center, pulse ninety, passes but little urine, which is as red as lye, and after standing a while brickdust sediments are to be seen at the bottom of the vessel. On December 26th I was called to see Mr. W. and found him as above described.

My treatment in the case was, acetate potash, spts. nitre, warm baths, bitartrate potash, jalap, epsom salts, muriated tinct. iron, with bromide potash at bed time.

The above treatment was continued for two weeks, when I began to look over the pages of the MEDICAL BRIEF, and on page 358 of the August number I found Dr. A. L. Williams' remedy for dropsy:

R. Powd. Jalap.....2 drachms.
Potass. Bitart.....1½ ounces.
M. et div. in twelve doses. Sig.: One at seven and one at twelve o'clock at night.

Continue powders same every day. In the morning give teaspoonful of salts every two hours until bowels are largely acted upon, also give fifteen drops muriated tinct. iron three times a day.

I gave the above remedy a fair test—thus far my patient has failed to get any relief. What next? I wait to hear from the BRIEF.

A. COTTEN, M. D.

Acworth, Ga.

[For the Brief.]

Why Don't They Answer?

EDITOR MEDICAL BRIEF:—Why is it that doctors do not answer or report their success with prescriptions when they ask for help, and it is given? If they get relief, they do not report their success, as they are requested.

Sutton, N. C. N. F. FREEMAN, M. D.

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See Anglo-Swiss Milk advertisement on advertisement page 4. Send for samples and mention BRIEF.

The active principles of B. Keith & Co., 41 Liberty St., N. Y., have a well-known reputation. Send for manual and mention BRIEF.

We call special attention to the advertisement of the Jerome Kidder Manufacturing Co. Send for illustrated catalogue, and mention MEDICAL BRIEF.

William Snowden, No. 7 South Eleventh street, Philadelphia, will send a sample card of the Surgeons' Pure Iron-dyed Silk, 14 sizes, to any address on application, *if the* MEDICAL BRIEF *is mentioned.* Nos. 1 to 12 for Eye Operations, Plastic Operations, and Ordinary Surgical Operations. Nos. 13 and 14 for Ligating Tumors.

We call especial attention to the Electrical Instruments advertised by the Galvano-Faradic M'f'g Co., of 300 Fourth Ave., New York. Send ten cents for their "MANUAL OF MEDICAL ELECTRICITY," and mention the BRIEF.

Send to Pomeroy Truss Co., 785 Broadway, N. Y., for Special Circulars; their goods are regarded with favor by the profession. Mention MEDICAL BRIEF.

Write to C. N. Crittenton, 115 Fulton St., N. Y., *for sample bottle* of COLDEN'S LIQUID BEEF TONIC and mention MEDICAL BRIEF.

PAMPHLETS on Digestion and Assimilation, Consumption, etc., will be sent free if MEDICAL BRIEF is mentioned, by addressing W. F. Kidder & Co., 83 John Street, N. Y.

"MCDADE'S PRESCRIPTION" is supplanting all other preparations from the formula of the late J. Marion Sims, M. D. It is prepared by the Wm. S. Merrell Chemical Co. from green drugs, and represents in a perfect form the medicinal virtues of the several ingredients. Wholesale Druggists are supplied; price, $12.00 per dozen pints; $1.25 per bottle for any quantity *less* than *one dozen*.

Have used the [illegible] for neuralgia in the head and neck with satisfactory results. The pain gradually disappears under its administration, leaving the mental and physical faculties free to resume their natural functions. It does not interfere with digestion, or interrupt the secretions, as do most of the narcotics, but seems to increase the appetite and augment the flow of the urine. J. N. BUSICK, M. D.
Judson, Sullivan Co., Mo.

ANY physician desiring a good location, can learn particulars of GEO. MAYSE, M.D. Rockville, Bates Co., Mo.

I HAVE been using IODIA in my practice, *and for some time past have prescribed it almost* DAILY. It is an *admirable remedy* where the combined action of alterative and tonic is desired. ROBERT ALBIN, M. D.
St. Louis, Mo.

SEND to Reed & Carnrick, 182 Fulton Street, N. Y., for samples of BEEF PEPTONOIDS, MALTINE, and PEPTONIZED COD LIVER OIL AND MILK, and mention MEDICAL BRIEF.

SEND to Fairchild Bros. & Foster, 84 Fulton Street, N. Y., for samples of their PANCREATIC TABLETS, and mention MEDICAL BRIEF.

☞ SEE ad. of Oleo-Chyle on advertising page 36. Send for sample and mention MEDICAL BRIEF.

"FLUID HYDRASTIS" represents in one fluid pint the combined active principles of one pound Golden Seal root, and may be added to Alcohol, Glycerine, Syrup or Water without precipitation; it may be, therefore, *properly* and *profitably* substituted for the officinal Fluid Extract in the manufacture of the Tincture, Syrup, Wine, and Glycerole of Hydrastis so often prescribed. Price $12.00 per dozen, $1.25 per bottle for any quantity *less* than *one dozen*.

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I HAVE used CELERINA very *extensively* in my practice the past six months, and I find as a nerve tonic CELERINA has no equal. Very valuable in Neuralgia, Paralysis, Hysteria and Opium Habit. In cases of Impotence and Spermatorrhea I have *used it with the most flattering success.* I consider it one of the *indispensable remedies* in the treatment of *self-abuse.* In whatever case I have used it, I must say I am highly pleased with its action. V. R. PERKINS, M. D.
Mercer, Me.

Scott's Emulsion of Pure Cod Liver Oil with Hypophosphites is largely prescribed by the profession. Send for samples and mention MEDICAL BRIEF.

See ad. page 6. Send to Seabury & Johnson, 21 Platt St., N. Y., for samples and catalogue, and mention MEDICAL BRIEF.

ATTENTION is directed to the *new* ad. of Dr. S. S. Staufer on advertising page 27. Send for *his catalogue*, and mention BRIEF.

SEND to Gaunt & Jauvier, 55 Grand St., N. Y., *for samples* of Golden Scale Pepsin. Samples furnished *free* to physicians, if MEDICAL BRIEF is mentioned.

SEND to Mariani, 19 East Sixteenth Street, New York, for their complete and interesting treatise on "Erythroxylon Coca" and "Vin Mariani," translated from the French, with opinions of eminent French physicians, which will be sent free, if the MEDICAL BRIEF is mentioned.

LIQUID FOOD.—The attention of our readers is directed to the advertisement of "Herold's Malt Extract" on ad. page 22. Samples of this Extract or "Liquid Food" will be sent to Physicians, if MEDICAL BRIEF is mentioned.

SEND to Dr. C. L. Mitchell, cor. 9th and Race Sts., Philadelphia, Pa., for samples of Soluble Medicated Gelatine Preparations and mention MEDICAL BRIEF.

Send for samples of Fellow's Hypophosphites and mention MEDICAL BRIEF. See 4th page cover.

☞Send to the reliable and old-established house of Wm. R. Warner & Co., 1228 Market street, Philadelphia, Pa., for *samples* of *soluble* pills and granules, and mention MEDICAL BRIEF.

SEND for catalogue of *the Improved Elastic Truss Co., 822 Broadway, New York.*

READ advertising page 10. ☞Baker's Cod Liver Oil, having the endorsement of Prof. Leidy, is worthy the attention of the profession. ☞A box of suppositories for Piles will be mailed on receipt of 75 cents. Address Jno. C. Baker & Co., 815 Filbert Street, Philadelphia, Pa.

LOZENGES.—Send to Jno. Wyeth & Bro., Philadelphia, Pa., for samples of their handsome lozenges—they are made by *dry compression*, and are very fine. ☞See ad. p. 13.

☞SEND to Dr. T. B. Wheeler, Montreal, Canada, for samples of "*Tissue Phosphates*" and mention MEDICAL BRIEF.

I AM having excellent results with IODIA in Syphilitic and Strumous Affections.
GEO. W. KING, M. D.
Weston, Umatilla Co., Oregon.

☞Send to Wm. S. Merrell Chem. Co., Cincinnati, Ohio, for a catalogue of their *new and choice* preparations, and mention MEDICAL BRIEF.

Send to T. Metcalf & Co., 39 Tremont St., Boston, for pamphlet containing full directions for the internal use of Liquor Pancreaticus, and the preparing of peptonized foods, and mention MEDICAL BRIEF.

MELLIN'S FOOD.

Special attention is directed to our ad. on advertising page 20. *We will send samples sufficient to test it thoroughly in practice*, if MEDICAL BRIEF is mentioned. Doliber, Goodale & Co., 41 Central Wharf, Boston, Mass.

Write to A. A. Marks, 691 Broadway, New York for his *new* illustrated pamphlet of 160 pages upon the subject of *Artificial Limbs.* It will be sent free if MEDICAL BRIEF is mentioned. See page 30.

☞SEE ad. of Dr. Tipton on page 26. His work on Electrical Medication is worth many times its cost. Send for it.

SEND for the superb 386 page catalogue of 2,800 illustrations, published by John Reynders & Co., 303 Fourth Ave., New York, and mention MEDICAL BRIEF.

SEND to W. S. Frazier & Co., for Illustrated Catalogue of their *new* Physicians' Road Cart, and mention MEDICAL BRIEF.

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FOR SALE.—Farm and practice. Address,
CHARLES U. HARRISON, M. D.
White Oak, Ark.

A. S. ALOE & Co. are offering special inducements to physicians to trade direct with them, and will send circular explaining their plan, on application, if MEDICAL BRIEF is mentioned.

NOTHING can be devised which will answer the purposes for which intended more thoroughly than MELLIER'S STANDARD SADDLE-BAGS and BUGGY-CASES. Send for descriptive circular, and remember that upon receipt of price the proprietors will deliver to any express office in this country, charges pre-paid.

SEVEN SPRINGS IRON-ALUM MASS.

This excellent remedy meets with general favor wherever it is used. Of its efficiency and importance in the treatment of certain classes and conditions of diseases, there can be no doubt. Every physician, with an average practice, knows something of the difficulties presented in the advertisement on second page, and as there are no lack of such patients, we bespeak for the "IRON-ALUM MASS" a large demand.

THE attention of physicians is called to the advertisement of the Anglo-Swiss Milk Food for infants, prepared by the Anglo-Swiss Condensed Milk Company in Cham, Switzerland, and at their branch house in New York. The proper feeding of infants is a subject that has always taxed the skill and knowledge of professional men. Condensed milk is extensively used with happy results as a substitute for mothers' milk. Care must, however, be taken in using condensed milk, as there is danger of children suffering from food too rich and nutritive for proper digestion as well as from receiving too little nourishment. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other farinaceous food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. The Company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the Food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains 5 to 6 per cent of moisture, 14 to 15 of nitrogenous matter, 54 to 55 of carbohydrates soluble in water, 15 to 16 of carbohydrates insoluble in water, 5 to 6 of fat, and 2 to 2⅕ of ash.

"MINERAL-EARTH" is a surgical dressing designed to be used by physicians. It may be applied with advantage in the following conditions: To wounds and ulcers, to ulcerating forms of malignant diseases, to catarrhal inflammations, to various cutaneous troubles, to erysipelas, gangrene and dropsical swellings, to various tumors and other morbid growths, to burns, and to bites from poisonous insects and reptiles.

In order to insure the genuineness of this preparation, it is put up in sealed glass jars (4x5x2½ in.), each jar being numbered and bearing the trade-mark of the company, "Mineral-Earth," and is sold by the principal druggists throughout the United States at the uniform price of fifty cents.

For the convenience of physicians, this preparation is also put up in larger packages, sealed and stamped by the company. Prepared by the National Pharmacy Association, Baltimore, Md., U. S. A.

CHRONIC VAGINITIS AND ANTEVERSION.—Kennedy's preparation of PINUS CANADENSIS acted like a charm. Four ounces cured a case of chronic viginitis of eighteen months' standing, and has so toned up the vaginal walls that the anteverted uterus has assumed its normal position.
Cedartown, Ga. GEO. F. SEWEL, M. D.

VESICAL IRRITATION—URIC ACID DIATHESIS.—Lithiated Hydrangea has been used with excellent results in the Buffalo Dispensary, for nearly a year, in cases of vesical irritation and to correct a uric acid diathesis. The combination of the salts of Lithia with Hydrangea is a happy one, and we are persuaded that in these cases we get more satisfactory results from the use of Lambert's Lithiated Hydrangea than we do from any other preparation.—*Buffalo Medical and Surgical Journal.*

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"I HAVE used LISTERINE with much satisfaction in surgical practice. In my specialty on diseases of throat and air passages, I have found it of great value. As an internal antiseptic, it is non-irritating, and forms an excellent substitute for carbolic acid."

PERCY NORCOP, M. D., F. R. C. S.
Formerly Surgical Dresser to Professor Lister.

UNRIVALED FOR PREGNANT WOMEN.—I have used the ACID MANNATE with splendid success as a gentle laxative where mild catharsis is needed, and I find it unrivaled for pregnant women, having the safe and gentle aperient effect desired.

Kansas City, Mo. G. A. HULETT, M. D.

Book Notices.

DISEASES OF THE URINARY AND MALE SEXUAL ORGANS. By Wm. T. Belfield, M. D., author of Relations of Micro-Organisms to Disease (Cartwright Lectures, 1883); Pathologist to the Cook County Hospital, Surgeon to the Genito-Urinary Department, Central Dispensatory, Chicago; Physician to the Oakwood Retreat, Genoa, Wis.; Professor of Microscopy, Chicago College of Dental Surgeons. New York: William Wood & Company, 56 and 58 LaFayette Place. 1884.

In first chapter of the above treatise, the author enters into the consideration of the anatomical and physiological condition of the kidneys, pelvis and uterus, bladder and prostate and urethra. In the second chapter he details the method of examination, while in the third chapter the use of the sound and catheter are freely discussed. The author lays stress upon the important point of care and thoroughness in the investigation of patients. "Has emphasized the familiar, but frequently neglected, facts that cystitis, gleet, albuminuria, spermatorrhea, are not entities calling for a routine administration of drugs, but symptoms requiring a thorough investigation of the patient."

He believes that a microscopical examination of the urethral and seminal discharges is as important for the recognition of sexual disorder, as is a similar inspection of urine for the detection of renal disease. The constant aim of the writer throughout the whole work is to fix in the mind of the reader the important bearing upon treatment of the pathological factor in diagnosis.

Many practical points in the treatment of genito-urinary diseases are dwelt upon, and tact and dexterity in the use of mechanical means as aids enjoined. The work is a credit to the author, and will prove valuable as a source of information and guidance to the practitioner in his every day round of professional duties.

OBSTRUCTION OF THE GALL-DUCT, AND ITS BAD CONSEQUENCES, WITH REMEDIAL OPERATIONS SUGGESTED. By I. McF. Gaston, M. D., Atlanta, Georgia.

SCHOOL HYGIENE. In relation to its influence upon vision of children, or school sanitation. An address delivered before the Medical Association of Georgia, 1884, by A. W. Calhoun, M. D., President. Atlanta, Ga.: Jas. P. Harrison & Co., Printers. 1884.

A CONTRIBUTION TO THE RELATIONS OF OVULATION AND MENSTRUATION. By A. Reeves Jackson, A. M., M. D., Professor of Gynæcology in the College of Pysicians and Surgeons of Chicago, etc. Read in section of Obstetrics and Diseases of Women of American Medical Association, May, 1884. Reprint from the Journal of the American Medical Association Oct. 4th, 1884. Chicago: Review Printing Co. 1884.

MEDICAL RHYMES. A collection of Rhymes of ye ancient times, and Rhymes of the modern day, Rhymes grave and Rhymes mirthful, Rhymes Anatomical, Therapeutical and Surgical. All sorts of Rhymes to interest, amuse and edify all sorts of followers of Æsuclapius. Selected and compiled from a variety of sources. By Hugo Erichsen, M. D., Professor of Neurology in the Quincy School of Medicine, Medical Department of Chaddock College; Licentiate of the Royal College of Physicians and Surgeons of Kingston, Canada; Member of the Detroit Medical and Library Association; Corresponding Member of the Natural History Society of Wisconsin, etc. With an introduction by Prof. Willis P. King, M. D., Sedalia, Mo., Ex-President of Mo. State Medical Society. Illustrated.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery. By authors of various nations. Edited by Jno. Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with Chromo-Lithographs and Wood Cuts. In Six Volumes; Vol. V. New York: William Wood & Company. 1884.

The above volume continues the discussion of surgical affections arranged according to the region of the body in which they are observed, "Embracing Articles on Injuries and on Diseases of the Head." It

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also contains able and tersely written articles by eminent and erudite authors on diseases of the eyes and ears and nose; on those of the mouth, fauces, tongue, palate and jaws; on those of the face, cheeks and lips; on the surgery of the teeth; on diseases of the breast; on injuries and diseases of the abdomen; on hernia; on diseases of the neck and of the air passages, and injuries of the chest. It is to be deeply regretted that the learned, able and greatly beloved Professor S. D. Gross was unable, by his unexpected death, to complete for the work his article on the "History of Surgery." This work however has been assigned to Dr. G. J. Fisher, of Sing Sing, N. Y., who is widely known, learned, and owing to his thorough familiarity with the history of surgery, well qualified to complete the task. Doctors Annandale, Bennett, Buck, Solis-Cohen, Heath, Kingsley, Lefferts, Macleod, Morris, Nanende, Post, Trevis, Williams and Wood, men of science, of letters and distinguished abilities, are all contributors to this volume. This of itself is sufficient to give renown and success to the author in the publication of this work. Besides the book has real merit, and this volume sustains the high reputation established by the previous ones, and at once guarantees a high standard of excellence for the succeeding and last volume. The Encyclopedia will fill a place and supply a void that none other has attempted in this special field of literature. It is hoped that the work will meet with that encouragement from the profession in a considerate and correct perusal that its great merit and worth demands.

HOME AGAIN! A Synopsis of a Tour Abroad. By Edward Borck, A. M., M. D., of St. Louis, Mo., one of the Delegates selected to represent the American Med. Asso., U. S. A.; Mississippi Valley Med. Asso.; Missouri State Med. Asso.; and St. Louis Med. Society, at the International Congress, held at Copenhagen, Denmark, from Aug. 10-16, 1884.

A very entertaining account of the author's trip and the many incidents and occurrences during the sitting of the International Council. Dr. Borck is a close observer, scientific, intelligent, enthusiastic, and wide-awake. He made a faithful representative, and is honorably and eminently entitled to a position in the front rank among medical thinkers and practitioners.

COMPOUND PANCREATIC TABLETS.

We have been led to offer this combination, which has been for some time employed with good results in extemporaneous prescriptions, because it seems to be a well advised association of remedies.

The pure *Extractum Pancreatis* is here combined with Bismuth—highly valued as a sedative in allaying the irritability of the alimentary tract frequently associated with dyspepsia—and with Ipecac, which, in small doses, is the most admirable stimulant of the digestive functions.

Each tablet contains:

Extractum Pancreatis,	gr. 2
Bismuth Subnitrate, Squibbs',	gr. 3
Powd. Ipecac,	gr. 1-10

One or two tablets for a dose, an hour or so after eating.

FAIRCHILD BROS. & FOSTER,

Manufacturing Chemists,

—MAKERS OF—

ORIGINAL AND RELIABLE PREPARATIONS OF THE DIGESTIVE FERMENTS,

82 and 84 FULTON STREET, NEW YORK.

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